

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010527

**Entity Name:** SIMPLE LIVING REHABS, LLC

**Current Principal Place of Business:**

715 E 24 ST APT 1  
BROOKLYN, NY 11210

**Current Mailing Address:**

715 E 24 ST APT 1  
BROOKLYN, NY 11210 US

**FEI Number:** 85-2692699

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NCH REGISTERED AGENT  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MASON, NOVITA  
Address 715 E 24 ST APT 1  
City-State-Zip: BROOKLYN NY 11210

Title MGR  
Name MASON, KEVIN  
Address 715 E 24 ST APT 1  
City-State-Zip: BROOKLYN NY 11210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NOVITA MASON

**MANAGER**

**02/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date