

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035070

**Entity Name:** SOUTH FLORIDA FAMILY TREATMENT LLC

**Current Principal Place of Business:**

6503 NW 66 WAY  
PARKLAND, FL 33067

**Current Mailing Address:**

6503 NW 66 WAY  
PARKLAND, FL 33067 US

**FEI Number:** 77-0717657

**Certificate of Status Desired:** No

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

DESROCHERS, ALEXSIS  
6503 NW 66 WAY  
PARKLAND, FL 33067 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	MGRM	Title	MGR
Name	DESROCHERS, ALEXSIS	Name	JOANNE, PECUCH
Address	6503 NW 66 WAY	Address	6503 NW 66 WAY
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

*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:** ALEXSIS DESROCHERS

**MANAGER**

**04/02/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date