

2014 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

MGR MBR

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date