

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000009333

Entity Name: AFTER CARE CENTERS OF FLORIDA,LLC

Current Principal Place of Business:

1812 US 19
HOLIDAY, FL 34691

Current Mailing Address:

1812 US 19
HOLIDAY, FL 34691 US

FEI Number: 61-1578684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTFORD CAPITAL LLC
1812 US 19
HOLIDAY, FL 34691 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: MARGUERITE AUSLANDER

06/24/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AUSLANDER, DAVID S
Address 1812 US 19
City-State-Zip: HOLIDAY FL 34691

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: DAVID AUSLANDER

MGR

06/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date