

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000041436

**Entity Name:** LIFESPAN RECOVERY MANAGEMENT LLC

**Current Principal Place of Business:**

801 LAKE SHORE DR,  
APT 203  
WEST PALM BEACH, FL 33403

**Current Mailing Address:**

801 LAKE SHORE DRIVE  
APT. 203  
LAKE PARK, FL 33403 US

**FEI Number:** 46-2603029

**Certificate of Status Desired:** No

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

WEINER, MICHAEL  
801 LAKE SHORE DR, APT.203  
APT. 203  
WEST PALM BEACH, FL 33403 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           MANAGER  
Name           WEINER, MICHAEL JAY  
Address        APT. 203  
City-State-Zip: WEST PALM BEACH FL 33403

Title           MANAGER  
Name           WEINER, ELIZABETH ANN  
Address        801 LAKE SHORE DR,  
                  APT. 203  
City-State-Zip: WEST PALM BEACH FL 33403

*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:** MICHAEL JAY WEINER

**MANAGER**

**05/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date