

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000128019

**Entity Name:** A.D.S. RECOVERY COACHING LLC

**Current Principal Place of Business:**

1020 DEL AIRE CT.  
APT. C  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1020 DEL AIRE CT.  
APT. C  
DELRAY BEACH, FL 33445 US

**FEI Number:** 46-1160414

**Certificate of Status Desired:** No

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

DEL SASSO, ALBERT  
1020 DEL AIRE CT.  
APT. C  
DELRAY BEACH, FL 33445 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:** ALBERT DEL SASSO

04/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DEL SASSO, ALBERT J  
Address 1020 DEL AIRE CT.  
APT. C  
City-State-Zip: DELRAY BEACH FL 33445

*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:** ALBERT DEL SASSO

MANAGER

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date