#### 2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

# 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

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMGRNameDEL SASSO, ALBERT JAddress1020 DEL AIRE CT.<br/>APT. CCity-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 J DEL SASSO

Electronic Signature of Signing Authorized Person(s) Detail

FILED Dec 15, 2017 Secretary of State CR3862159437

Certificate of Status Desired: No

12/15/2017 Date

12/15/2017 Date

Da

MGR