

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000035182

Entity Name: WELLNESS COUNSELING & RESIDENTIAL DETOXIFICATION SERVICES, LLC

Current Principal Place of Business:

6300 SE FEDERAL HWY
STUART, FL 34997

Current Mailing Address:

770 SE INDIAN STREET
STUART, FL 34997 US

FEI Number: 46-2231783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR
130 S INDIAN RIVER DRIVE, SUITE 201
FORT PIERCE, FL 34950 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 MGR
Name TARPON MANAGEMENT SERVICES,
LLC
Address 770 SE INDIAN STREET
City-State-Zip: STUART FL 34997

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: TARPON MANAGEMENT SERVICES LLC

MANAGER

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date