2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2016
Secretary of State
CC5226802543

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Entity Name: SEACREST TRANSITIONAL LIVING LLC

Current Principal Place of Business:

111 NORTH PINE ISLAND ROAD #202
PLANTATION, FL 33435

Current Mailing Address:

111 NORTH PINE ISLAND ROAD #202
PLANTATION, FL 33324 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FENSTER, JEFFREY
111 NORTH PINE ISLAND ROAD #202
PLANTATION, FL 33435 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: JEFFREY FENSTER 03/30/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	NEW LIFE RECOVERY LLC
Address	111 NORTH PINE ISLAND ROAD #202
City-State-Zip:	PLANTATION FL 33324

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: JOSHUA FENSTER 03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date