## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000112998

Entity Name: SEACREST TRANSITIONAL LIVING LLC

FILED
Apr 07, 2015
Secretary of State
CC5986719325

## **Current Principal Place of Business:**

111 N. PINE ISLAND ROAD 202 PLANTATION, FL 33324

# **Current Mailing Address:**

111 N. 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, JOSH 111 N. PINE ISLAND ROAD 202 PLANTATION, FL 33324 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: JOSH FENSTER 04/07/2015

Electronic Signature of Registered Agent Date

### Authorized Person(s) Detail:

Title MGRM

Name STARFISH RECOVERY LLC
Address 111 N. PINE ISLAND ROAD 202

City-State-Zip: PLANTATION FL 33324

SIGNATURE: JOSHUA FENSTER

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.

**MGR**