

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000120147

Entity Name: DIVERSE TREATMENT SOLUTIONS LLC

Current Principal Place of Business:

415 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

FILED
Apr 15, 2017
Secretary of State
CC2374869631

Current Mailing Address:

1500 W CYPRESS CREEK ROAD
SUITE 417
FT LAUDERDALE, FL 33309 US

FEI Number: 46-3531671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YARCHIN, SHANE
1500 W CYPRESS CREEK ROAD
SUITE 417
FT LAUDERDALE, FL 33309 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: SHANE YARCHIN

04/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NAI HOLDINGS LLC
Address 1500 W CYPRESS CREEK ROAD
SUITE 417
City-State-Zip: FT LAUDERDALE FL 33309

Title MANAGER
Name YARCHIN, SHANE
Address 1500 W CYPRESS CREEK ROAD
SUITE 417
City-State-Zip: FT LAUDERDALE FL 33309

Title MEMBER
Name CHRISTINA , YARCHIN
Address 1500 W CYPRESS CREEK ROAD
SUITE 417
City-State-Zip: FT LAUDERDALE FL 33309

Title MEMBER
Name GOLDSTEIN, JODI
Address 1500 W CYPRESS CREEK ROAD
SUITE 417
City-State-Zip: FT LAUDERDALE FL 33309

Title MEMBER
Name GOLDSTEIN, ROBIN
Address 1500 W CYPRESS CREEK ROAD
SUITE 417
City-State-Zip: FT LAUDERDALE FL 33309

Title MEMBER
Name FIERETAG, CAMILLA
Address 1500 W CYPRESS CREEK ROAD
SUITE 417
City-State-Zip: FT LAUDERDALE FL 33309

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: NAI HOLDINGS LLC

MGR

04/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date