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.

Title	AMBR
Name	CHAROS, JOHN
Address	1818 SHERIDAN ST - STE 205
City-State-Zip:	HOLLYWOOD FL 33020

SHENKMAN, PHILIP 12946 SW 133RD COURT MIAMI, FL 33186 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	: PHILIP SHENKMAN			05/01/2019	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		

Name

Address

City-State-Zip:

# Name and Address of Current Registered Agent:

BOYARKSY, STEPHEN

PO BOX 222026

City-State-Zip: HOLLYWOOD FL 33022

SIGNATURE: JOHN CHAROS

HOLLYWOOD, FL 33020 **Current Mailing Address:** 

Name

Address

PO BOX 222026 HOLLYWOOD, FL 33022

### FEI Number: 46-3556985

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

1818 SHERIDAN ST SUITE 205

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L13000122421

Entity Name: JC'S HOUSE, RECOVERY IN THE LORD, LLC

Certificate of Status Desired: No

CHAROS, JOHN

PO BOX 222026

MANAGER

HOLLYWOOD FL 33022

Date

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2019

FILED May 01, 2019 Secretary of State 7375709052CC