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.

City-State-Zip: HOLLYWOOD FL 33020

SIGNATURE: JOHN CHAROS

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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.					
SIGNATUR	E: PHILIP SHENKMAN			04/27/2016	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	BOYARKSY, STEPHEN	Name	CHAROS, JOHN		
Address	PO BOX 222026	Address	PO BOX 222026		
City-State-Zip:	HOLLYWOOD FL 33022	City-State-Zip:	HOLLYWOOD FL 33022		
Title	AMBR				
Name	CHAROS, JOHN				
Address	1818 SHERIDAN ST - STE 205				

Current Mailing Address:

PO BOX 222026 HOLLYWOOD, FL 33022

FEI Number: 46-3556985

SHENKMAN, PHILIP 12946 SW 133RD COURT MIAMI, FL 33186 US

Name and Address of Current Registered Agent:

SUITE 205 HOLLYWOOD, FL 33020

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000122421

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

Current Principal Place of Business:

1818 SHERIDAN ST

FILED Apr 27, 2016 Secretary of State CC7839785973

Certificate of Status Desired: No

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail