

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133457

**Entity Name:** OCEAN ADDICTION RECOVERY SERVICES, LLC

**Current Principal Place of Business:**

1705 19TH PLACE, STE E-2  
VERO BEACH, FL 32960

**Current Mailing Address:**

1705 19TH PLACE, STE E-2  
VERO BEACH, FL 32960 US

**FEI Number: 46-3930430**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANDERS, GWEND Y EA  
2501 27TH AVENUE, STE F1-B  
VERO BEACH, FL 32960 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MORELAND, DOUGLAS  
Address 1985 ANGLERS COVE  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name MORELAND, JULIE  
Address 1985 ANGLERS COVE  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name HURT, KATHRYN M  
Address 162 COCONUT STREET  
City-State-Zip: SEBASTIAN FL 32958

Title MGR  
Name PEARL, LYNN E  
Address 8775 20TH ST, UNIT 140  
City-State-Zip: VERO BEACH FL 32966

*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: KATHRYN HURT**

**MGR**

**04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date