

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000133457

FILED
Mar 04, 2015
Secretary of State
CC2254875157

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: LYNNE PEARL

**DIRECTOR OF
OPERATIONS**

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date