

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000055981

Entity Name: PALM BEACH HALF WAY HOUSE, LLC

Current Principal Place of Business:

455 NE 5TH AVENUE
SUITE D-409
DELRAY BEACH, FL 33483

Current Mailing Address:

455 NE 5TH AVENUE
SUITE D-409
DELRAY BEACH, FL 33483

FEI Number: 46-5407931

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEINTRAUB, JAMES
1615 S CONGRESS AVE #103
DELRAY BEACH, FL 33445 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	AMBR	Title	MGR
Name	STEIN, LEE	Name	MAHLER, DAVID
Address	455 NE 5TH AVENUE D-409	Address	141 NW 20TH ST #F-6
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	BOCA RATON FL 33441

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: DAVID MAHLER

MANAGER

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date