

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000068408

**Entity Name:** 316 RECOVERY HOUSE LLC

**Current Principal Place of Business:**

316 NORHT H. STREET  
APT A  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1013 LUCERNE AVENUE 2ND FLOOR  
LAKE WORTH, FL 33460

**FEI Number:** 46-5510998

**Certificate of Status Desired:** No

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

PEREZ, WANDA  
1013 LUCERNE AVENUE 2ND FLOOR  
LAKE WORTH, FL 33460 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	MGR	Title	MGR
Name	THE TOWERS GROUP INC.	Name	CHAPPELL, TROY
Address	THE CORPORATION TRUST CEN, 1209 ORANGE ST.	Address	316 NORTH H STREET
City-State-Zip:	WILMINGTON DE 19801	City-State-Zip:	LAKE WORTH FL 33460

*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:** THE TOWERS GROUP INC

MGR

03/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date