

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000148865

Entity Name: THE ADDICTION RECOVERY NETWORK LLC

Current Principal Place of Business:

5499 N FEDERAL HWY SUITE H
BOCA RATON, FL 33487

Current Mailing Address:

5499 N FEDERAL HWY SUITE H
BOCA RATON, FL 33487

FEI Number: 47-1923538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIL, ADAM
5499 N FEDERAL HWY SUITE H
BOCA RATON, FL 33487 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
Name WEIL, ADAM
Address 5499 N FEDERAL HWY SUITE H
City-State-Zip: BOCA RATON FL 33487

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: ADAM WEIL

CEO

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date