

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000184937

**Entity Name:** PRINCIPLES RECOVERY CENTER LLC

**Current Principal Place of Business:**

4343 SOUTH STATE ROAD7  
STE 101  
DAVIE, FL 33314

**Current Mailing Address:**

4343 SOUTH STATE ROAD7  
STE 101  
DAVIE, FL 33314 US

**FEI Number:** 32-0455807

**Certificate of Status Desired:** No

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

JOHNSON, DUSTIN  
4343 SOUTH STATE ROAD7  
101  
DAVIE, FL 33314 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:** DUSTIN JOHNSON

01/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOHNSON, DUSTIN M  
Address 4343 SOUTH STATE ROAD7  
STE 101  
City-State-Zip: DAVIE FL 33314

Title AUTHORIZED MEMBER  
Name NEVES DE MEDEIROS, CAMILA  
Address 4343 SOUTH STATE ROAD7  
STE 101  
City-State-Zip: DAVIE FL 33314

*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:** DUSTIN JOHNSON

MGR

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date