# that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: PATZANAKIDIS KONSTANDINOS

Electronic Signature of Signing Authorized Person(s) Detail

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L15000072097

# Entity Name: RECOVERY RESORT OF THE PALM BEACHES LLC

#### **Current Principal Place of Business:**

12955 PALMS WEST DR SUITE 202 LOXAHATCHEE, FL 33470

#### **Current Mailing Address:**

12955 PALMS WEST DR SUITE 202 LOXAHATCHEE, FL 33470 US

#### FEI Number: 47-4689669

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

MOSER, DEBRA A 12955 PALMS WEST DR SUITE 202 LOXAHATCHEE, FL 33470 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

#### Authorized Person(s) Detail :

MBR.MGR	Title	MGR
PATZANAKIDIS, KONSTANDINOS	Name	MOSER, DEBRA
148 PENNOCK LANDING CIR	Address	15854 BENT CREEK RD
JUPITER FL 33458	City-State-Zip:	WELLINGTON FL 33414
	MBR.MGR PATZANAKIDIS, KONSTANDINOS 148 PENNOCK LANDING CIR	MBR.MGR Title   PATZANAKIDIS, KONSTANDINOS Name   148 PENNOCK LANDING CIR Address

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

# Certificate of Status Desired: No

04/30/2022 MBR Date

FILED Apr 30, 2022 Secretary of State 0025676036CC

Date