

**2019 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            MBR.MGR  
Name            PATZANAKIDIS, KONSTANDINOS  
Address        148 PENNOCK LANDING CIR  
City-State-Zip: JUPITER FL 33458

Title            MGR  
Name            MOSER, DEBRA  
Address        15854 BENT CREEK RD  
City-State-Zip: WELLINGTON FL 33414

*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:** MOSER , DEBRA , A

**MNGR**

**04/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date