

2017 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 #202
LOXAHATCHEE, FL 33470

Current Mailing Address:

12955 PALMS WEST DR #202
LOXAHATCHEE, FL 33470 US

FEI Number: 47-4689669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATZANAKIDIS, KONSTANDINOS
148 PENNOCK LANDING CIRCLE
JUPITER, FL 33458 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/MGR
Name PATZANAKIDIS, KONSTANDINOS
Address 148 PENNOCK LANDING CR
City-State-Zip: JUPITER FL 33458

Title MGR
Name MOSER, DEBRA
Address 14541 68TH ST N
City-State-Zip: LOXAHATCHEE FL 33470

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: KONSTANDINOS PATZANAKIDIS

MEMBER

03/23/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date