

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000174829

**Entity Name:** COMPLETE RECOVERY, LLC**Current Principal Place of Business:**5681 BOYNTON BAY CIR  
BOYNTON BEACH, FL 33437**Current Mailing Address:**5681 BOYNTON BAY CIR  
BOYNTON BEACH, FL 33437 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTHELEMY, NIXON  
5681 BOYNTON BAY CIR  
BOYNTON BEACH, FL 33437 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:** NIXON BARTHELEMY

06/07/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER, PRESIDENT  
Name BARTHELEMY, NIXON  
Address 5681 BOYNTON BAY CIR  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name JEAN FRANCOIS, EROLD  
Address 2483 CHICKASAW CIR  
City-State-Zip: GREENACRES FL 33467

Title MGR  
Name JOSEPH, GREGORY  
Address 5328 ROSE MARIE AVE N  
City-State-Zip: BOYNTON BEACH FL 33472

Title MGR  
Name JOINVILMAR, LESLY  
Address 2846 CAMBRIDGE RD  
City-State-Zip: LAKE WORTH FL 33462

Title MGR  
Name ROMEUS, LUC  
Address 3471 CHICKASAW CIR  
City-State-Zip: GREENACRES FL 33467

*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:** NIXON BARTHELEMY

PRESIDENT

06/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date