

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000003208

**Entity Name:** ADDICTION RECOVERY OF LONDON, LLC

**Current Principal Place of Business:**

% 10 SE 1ST AVENUE  
SUITE C  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

% 10 SE 1ST AVENUE  
SUITE C  
DELRAY BEACH, FL 33444 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WEINER, ESQ, MICHAEL S  
10 SE 1ST AVENUE  
SUITE C  
DELRAY BEACH, FL 33444 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 MGR  
Name BLADES WILLIAMSON, GUY  
Address 151 SE 3RD AVE.  
SUITE 313  
City-State-Zip: DELRAY BEACH FL 33483

*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:** GUY BLADES WILLIAMSON

**OWNER**

**04/30/2018**

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

\_\_\_\_\_  
Date