

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000028252

**Entity Name:** ADDICTION AND BEHAVIORAL HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

7001 STIRLING ROAD  
UNIT 8106  
DAVIE, FL 33314

**FILED**  
**Apr 08, 2017**  
**Secretary of State**  
**CC8028281375**

**Current Mailing Address:**

7001 STIRLING ROAD  
UNIT 8106  
DAVIE, FL 33314 US

**FEI Number: 81-1431207**

**Certificate of Status Desired: No**

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

RODMAN, ROSEMARY L MRS  
7001 STIRLING ROAD  
UNIT 8106  
DAVIE, FL 33314 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 MEMBER  
Name            RODMAN, ROSEMARY L  
Address        7001 STIRLING ROAD  
                  UNIT 8106  
City-State-Zip: DAVIE FL 33314

*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: ROSEMARY L. RODMAN**

**MM**

**04/08/2017**

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

\_\_\_\_\_  
Date