

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000092628

**Entity Name:** LIFE INTEGRATION RECOVERY, LLC.

**Current Principal Place of Business:**

13221 US HIGHWAY 1  
JUNO BEACH, FL 33408

**Current Mailing Address:**

13221 US HIGHWAY 1  
JUNO BEACH, FL 33408 US

**FEI Number:** 81-2595326

**Certificate of Status Desired:** No

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

BEACH HOUSE TREATMENT CENTER, LLC.  
13211 US HIGHWAY 1  
JUNO BEACH, FL 33408 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:** GLENN COHEN

01/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COHEN G, LENN  
Address 13211 US HIGHWAY 1  
City-State-Zip: JUNO BEACH FL 33408

Title MGR  
Name BEACH HOUSE TREATMENT CENTER,  
LLC.  
Address 13211 US HIGHWAY 1  
City-State-Zip: JUNO BEACH FL 33408

*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:** GLENN COHEN

MANAGING MEMBER

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date