

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000181124

**Entity Name:** RECOVERY JOURNEY NETWORK, LLC

**Current Principal Place of Business:**

151 MARY ESTHER BLVD.,  
SUITE 509  
MARY ESTHER, FL 32569

**Current Mailing Address:**

151 MARY ESTHER BLVD.,  
SUITE 509  
MARY ESTHER, FL 32569 US

**FEI Number:** 81-3934843

**Certificate of Status Desired:** No

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

MORRIS, TOMMY  
2380 MARY ANNE CIR  
NAVARRE, FL 32566 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:** TOMMY MORRIS

01/19/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	MORRIS, TOMMY	Name	STEPHENS, ROBERT
Address	2380 MARY ANNE CIR	Address	300 MCEWEN DR.
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NICEVILLE FL 32578

*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:** TOMMY MORRIS

**PRESIDENT**

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date