

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000196305

Entity Name: 9 SECOND RECOVERY LLC

Current Principal Place of Business:

330 PONCE DE LEON BLVD
BROOKSVILLE, FL 34601

Current Mailing Address:

PO BOX 1887
BROOKSVILLE, FL 34605 US

FEI Number: 82-2788706

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GANDY, CHRISTOPHER A
11442 TIMBERWOOD AVENUE
BROOKSVILLE, FL 34614 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 AUTHORIZED MEMBER
Name GANDY, CHRISTOPHER A
Address 11442 TIMBERWOOD AVE
City-State-Zip: WEEKI WACHEE FL 34614

Title MANAGER
Name DUBE, CHRISTOPHER EDWARD
Address 13443 ENGLISH SPARROW RD
City-State-Zip: WEEKI WACHEE FL 34614

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: CHRISTOPHER A GANDY

AUTHORIZED MEMBER

02/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date