

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000244805

Entity Name: AARON M. CASS CENTER FOR HEALING, LLC

Current Principal Place of Business:

919 NORTH DIXIE HWY
WEST PALM BEACH, FL 33401

Current Mailing Address:

919 NORTH DIXIE HWY
WEST PALM BEACH, FL 33401 US

FEI Number: 82-3550258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENJAMIN, LYNDAL
919 NORTH DIXIE HWY
WEST PALM BEACH, FL 33401 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: LYNDAL BENJAMIN

09/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR, CFO
Name BENJAMIN, LYNDAL
Address 130 LANDS END WAY
City-State-Zip: JUPITER FL 33458

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: LYNDAL BENJAMIN

CFO, AMBR

09/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date