

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000100824

**Entity Name:** ADDICTION CARE NETWORK LLC

**Current Principal Place of Business:**

13043 MOODY RIVER PKWY  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

13043 MOODY RIVER PKWY  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 82-5271779

**Certificate of Status Desired:** No

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

ROBINSON, CRYSTAL L  
13043 MOODY RIVER PKWY  
NORTH FORT MYERS, FL 33903 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  
Name ROBINSON, CRYSTAL L  
Address 13043 MOODY RIVER PKWY  
City-State-Zip: NORTH FORT MYERS FL 33903

Title MGR  
Name ROBINSON, GARY L  
Address 13043 MOODY RIVER PKWY  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** CRYSTAL ROBINSON

MGR

03/27/2019

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

\_\_\_\_\_  
Date