

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000015762

**Entity Name:** ADDICTION TRAINING CENTER LLC

**Current Principal Place of Business:**

1261 SW 117TH WAY  
DAVIE, FL 33325

**Current Mailing Address:**

7200 GRIFFIN ROAD  
3D  
DAVIE, FL 33417 US

**FEI Number:** 83-3132242

**Certificate of Status Desired:** No

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

GIORDANO, JOHN  
11420 SW 23RD PLACE  
DAVIE, FL 33325 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:** JOHN GIORDANO

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MEMBER
Name	HURLEY, KARYN	Name	JONES, SCOTT
Address	1261 SW 117TH WAY	Address	1266 SW 117TH AVE
City-State-Zip:	DAVIE FL 33325	City-State-Zip:	DAVIE FL 33325

*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:** KARYN HURLEY BHS CHAP NCIT

**PRESIDENT**

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date