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

SIGNATURE: SERGIO ROIG

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L19000222669

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: ADES BEHAVIORAL SERVICES LLC

Current Principal Place of Business:

3230 AMHERST AVE SPRING HILL, FL 34609

Current Mailing Address:

3230 AMHERST AVE SPRING HILL, FL 34609 US

FEI Number: 84-3032881

Name and Address of Current Registered Agent:

FLORES, EDITH 3230 AMHERST AVE SPRING HILL, FL 34609 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

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	FLORES, EDITH	Name	ROIG, SERGIO
Address	3230 AMHERST AVE	Address	3230 AMHERST AVE
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609

that my name appears above, or on an attachment with all other like empowered. 05/19/2024

MANAGER

Date

FILED May 19, 2024 Secretary of State 3424138008CC

Certificate of Status Desired: No

Date