

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000185131

**Entity Name:** LOTUS RECOVERY CENTERS, LLC

**Current Principal Place of Business:**

3948 3RD STREET SOUTH  
# 69  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

201 MERRYWOOD COURT  
MURFREESBORO, TN 37129

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SELAH - INTEGRITY, LLC  
14 SEA BASS LANE  
PONTE VEDRA BEACH, FL 32082 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 PARRISH, ALAN D  
Address 3948 3RD STREET SOUTH  
# 69  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AMBR  
Name ZOLENSKY, HEATHER A  
Address 201 MERRYWOOD COURT  
City-State-Zip: MURFREESBORO TN 37129

Title AP  
Name PARRISH, MELINDA A  
Address 3948 3RD STREET SOUTH  
# 69  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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: ALAN PARRISH**

**MANAGER**

**04/07/2022**

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

\_\_\_\_\_  
Date