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: NINA FOMUMBOD

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L23000080703

Entity Name: BESSI RECOVERY HOUSE LLC

Current Principal Place of Business:

4060 NW 88TH AVE 1E SUNRISE, AL 33351

Current Mailing Address:

6339 KNOLLWOOD DR FREDERICK, AL 21701 US

FEI Number: 92-2556207

Name and Address of Current Registered Agent:

NINA, FOMUMBOD 4060 NW 88TH AVE 1E SUNRISE, FL 33351 US Certificate of Status Desired: Yes

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	MGR	Title	MGR
Name	WILLIAMS, DANIELLE	Name	FOMUMBOD, NINA
Address	13111 SW 45TH DR	Address	6339 KNOLLWOOD DR
City-State-Zip:	MIRAMA FL 33027	City-State-Zip:	FREDERICK FL 21701
Title	MGR		
Title Name	MGR ZAMA, ENIE		
	-		

AGENT

02/21/2024

Date

Date