

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90107 007 ****55.00

DOCUMENT # L00000015248 ✓

1. Entity Name

Insight to Recovery, LLC

DO NOT WRITE IN THIS SPACE

947094

2. Principal Place of Business

1030 So. Fed. Hwy

Suite, Apt. #, etc.

120

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY Bch, FL

City & State

4. FFI Number

65-1072636

Applied For

Not Applicable

Zip

33483

Country

PB

Zip

1

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARVEY BROWN

Street Address (P.O. Box Number is Not Acceptable)

1030 So. Fed. Hwy

SUITE 120

City

DELRAY Bch

FL

Zip Code

33483

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

Harvey Brown
HARVEY BROWN

PRESIDENT/OWNER

4/19/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT/OWNER
HARVEY BROWN
1030 So. Fed. Hwy, STE 120
DELRAY Bch, FL 33483

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Harvey Brown
HARVEY BROWN

4/19/02

561-523-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)