

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112568

FILED
Apr 24, 2009
Secretary of State

Entity Name: DAVIE RECOVERY CENTER LLC

Current Principal Place of Business:

5540 SW 64TH AVENUE
DAVIE, FL 33316 US

New Principal Place of Business:

5540 SW 64TH AVENUE
DAVIE, FL 33314 US

Current Mailing Address:

3021 NE 42ND STREET
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

P.O. BOX 290430
DAVIE, FL 33329 US

FEI Number: 20-5977202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROCCO, AUGUSTINE J
3021 NE 42ND STREET
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

PHIAMBOLIS, MARGARET
1080 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316 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: MARGARET PHIAMBOLIS

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROCCO, AUGUSTINE J
Address: 3021 NE 42ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM (X) Delete
Name: LIVORSI, TERRENCE B
Address: 2149 OAKDALE AVENUE
City-St-Zip: GLENSIDE, PA 19038 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIVORSI, TERRENCE B
Address: 2149 OAKDALE AVENUE
City-St-Zip: GLENSIDE, PA 19038 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TERRENCE LIVORSI

MGRM

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date