

L06000 112568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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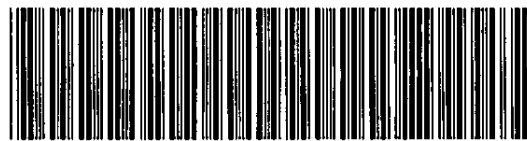
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 8 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Davie Recovery Center, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce A. Goodman, Esq.

Name of Person

Bruce A. Goodman, P.A.

Firm/Company

2101 W. Commercial Blvd., Suite 2800

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

bruce@bgoodmanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce A. Goodman at (954) 919-6000

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 JAN -3 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 14, 2013

DAVIE REVOCERY CENTER LLC
P O BOX 290430
DAVIE, FL 33329

SUBJECT: DAVIE RECOVERY CENTER LLC
Ref. Number: L06000112568

We have received your document for DAVIE RECOVERY CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 613A00026406

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Davie Recovery Center, LLC
2. (a) Principal office address of limited liability company: 1080 SE 3rd Ave., 2nd Floor
(Note: MUST BE STREET ADDRESS) Fort Lauderdale, FL 33316
- (b) Mailing address of limited liability company: PO Box 290430
(Note: MAY BE POST OFFICE BOX) Davie, FL 33329
- 11/21/2006 L06000112568
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Bruce A. Goodman

Registered Office Address:

2900 E. Oakland Park Blvd., Third Floor
Fort Lauderdale, FL 33306

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

Bruce A. Goodman, Esq.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2101 W. Commercial Blvd.

Suite 2800

Fort Lauderdale, FL 33309

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Terrence Livorsi
Signature of a member or authorized representative of a member

Terrence Livorsi, PSTD

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00