

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095959

FILED
Apr 27, 2009
Secretary of State

Entity Name: DELRAY RECOVERY CENTER, LLC

Current Principal Place of Business:

110 EAST ATLANTIC AVE
SUITE 430
DELRAY BEACH, FL 33444 US

Current Mailing Address:

110 EAST ATLANTIC AVE
SUITE 430
DELRAY BEACH, FL 33444 US

FEI Number: 26-3516862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

701 SE 6TH AVE
SUITE 201
DELRAY BEACH, FL 33483 US

New Mailing Address:

701 SE 6TH AVE
SUITE 201
DELRAY BEACH, FL 33483 US

Name and Address of Current Registered Agent:

PETRI, JOSEPH
326 EAST MALLORY CIRCLE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

PETRI, JOSEPH
701 SE 6TH AVE
SUITE 201
DELRAY BEACH, FL 33483 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: _____

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETRI, JOSEPH
Address: 326 EAST MALLORY CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETRI, JOSEPH
Address: 701 SE 6TH AVE SUITE 201
City-St-Zip: DELRAY BEACH, FL 33483 US

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: JOSEPH PETRI

MGRM

04/27/2009

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