

L15000128197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 MAR 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 26 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Next Chapter Addiction Treatment
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:

Anthony Fasano

Name of Person

Next Chapter Addiction Treatment, LLC

Firm/Company

6646 W. Atlantic Ave, Suite 100

Address

Delray Beach, FL 33446

City/State and Zip Code

jriolo@nextchaptertreatment.com

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

For further information concerning this matter, please call:

Jill Riolo

at (561)

563-8405

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

March 13, 2018

ANTHONY FASANO
6646 W ATLANTIC AVE, SUITE 100
DELRAY BEACH, FL 33446

SUBJECT: NEXT CHAPTER ADDICTION TREATMENT, LLC
Ref. Number: L15000128197

We have received your document for NEXT CHAPTER ADDICTION TREATMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Section 3, 4 and 5(b) has not been filled out.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 418A00005029

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Next Chapter Addiction Treatment

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 07/28/15 Date of filing/registration in Florida 4. L15000128197 Document number

5. (a) Beighley, Myrick, Udell & Lynne, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2255 Glades Road Suite 335W
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
~~2385 Executive Center Drive, Suite 250~~
Boca Raton, FL ~~33431~~ 333804

(b) Beighley, Myrick, Udell & Lynne, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2385 Executive Center Dr.
NEW Registered Office Address:
#250
Boca Raton, FL 33431

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TALLAHASSEE FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Anthony Fasano
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 605, 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 of Registered Agent