

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106795

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC0028777683**

**Entity Name:** LIFESKILLS SOUTH FLORIDA OUTPATIENT, LLC

**Current Principal Place of Business:**

1431 SW 9TH AVENUE  
DEERFIELD BEACH, FL 33431

**Current Mailing Address:**

1431 SW 9TH AVENUE  
DEERFIELD BEACH, FL 33431

**FEI Number:** 45-3536330

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WORLDWIDE CORPORATE SERVICES, INC.  
2780 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	CPA.COM
Address	2201 NW 30TH PLACE
City-State-Zip:	POMPANO BEACH FL 33069
Title	MANAGER
Name	LAUREN ROTHSTEIN LCSW PA
Address	2201 NW 30TH PLACE
City-State-Zip:	POMPANO BEACH FL 33069

Title	MANAGER
Name	BAIRES CLB INC
Address	7301 W PALMETTO PARK RD SUITE 106C
City-State-Zip:	BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFF STEINER

**MGR**

**04/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date