

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111750

**Entity Name:** GULF BREEZE TREATMENT CENTER, LLC

**Current Principal Place of Business:**

350 PENSACOLA BEACH BLVD.  
GULF BREEZE, FL 32561

**Current Mailing Address:**

350 PENSACOLA BEACH BLVD.  
GULF BREEZE, FL 32561

**FEI Number:** 45-3482369

**Certificate of Status Desired:** No

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

GILMER, BARNETT E  
350 PENSACOLA BEACH BLVD.  
GULF BREEZE, FL 32561 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 GILMER, BARNETT E  
Address 4141 MULLET AVENUE  
City-State-Zip: MILTON FL 32583

*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:** BARNETT GILMER

**MANAGER**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date