#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130515

Entity Name: ACORN FOOD DEPENDENCY RECOVERY SERVICES, L.L.C.

FILED
Jan 19, 2016
Secretary of State
CC4813470961

# **Current Principal Place of Business:**

1368 GEORGETOWNE CIRCE SARASOTA, FL 34232

# **Current Mailing Address:**

PO BOX 50126

SARASOTA, FL 34232

FEI Number: 36-3956304 Certificate of Status Desired: Yes

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

FOUSHI, MARY J 1368 GEORGETOWN CIRCLE SARASOTA, FL 34232 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 Title

NameWERDELL, PHILIP RNameMCCUMBER, RAYNEAAddress1368 GEORGETOWNE CIRCLEAddress409 PALM AVENUECity-State-Zip:SARASOTA FL 34232City-State-Zip:NOKOMIS FL 34275

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: RAYNEA MCCUMBER

**MGR** 

MGR

01/19/2016