

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000128019

Entity Name: A.D.S. RECOVERY COACHING LLC

Current Principal Place of Business:

1020 DEL AIRE CT.
APT. C
DELRAY BEACH, FL 33445

Current Mailing Address:

1020 DEL AIRE CT.
APT. C
DELRAY BEACH, FL 33445 US

FEI Number: 46-1160414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL SASSO, ALBERT JR.
1020 DEL AIRE CT.
APT. C
DELRAY BEACH, FL 33445 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 DEL SASSO, ALBERT JR.
Address 1020 DEL AIRE CT.
APT. C
City-State-Zip: DELRAY BEACH FL 33445

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: ALBERT DEL SASSO, JR.

MGR.

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date