

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000144165

Entity Name: RECOVERY SUPPORT, LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE S., SUITE 201
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE S., SUITE 201
SAINT AUGUSTINE, FL 32080 US

FEI Number: 46-1340036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIRABILE, JEREMY
1301 PLANTATION ISLAND DRIVE S., SUITE 201
SAINT AUGUSTINE, FL 32080 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 MEMBER
Name MIRABILE, JEREMY
Address 1301 PLANTATION ISLAND DRIVE S.,
SUITE 201
City-State-Zip: SAINT AUGUSTINE FL 32080

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: JEREMY MIRABILE

MEMBER

01/08/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date