

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000000439

Entity Name: RECOVER OR DIE COUNSELING SERVICES LLC

Current Principal Place of Business:

3600 SOUTH PENINSULA DR.
SUITE # 8
PORT ORANGE, FL 32127

Current Mailing Address:

3600 SOUTH PENINSULA DR.
SUITE # 8
PORT ORANGE, FL 32127

FEI Number: 46-1660024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRYHYILL, KEITH
3600 SOUTH PENINSULA DR.
SUITE # 8
PORT ORANGE, FL 32127 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 MGRM
Name HARRYHYILL, KEITH
Address 3600 SOUTH PENINSULA DR. SUITE #
8
City-State-Zip: PORT ORANGE FL 32127

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: HARRYHYILL , KEITH

MGRM

02/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date