

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000439

**Entity Name:** RECOVER OR DIE COUNSELING SERVICES LLC

**Current Principal Place of Business:**

65 ARBOR DR NORTH  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

65 ARBOR DR NORTH  
ORMOND BEACH, FL 32174 US

**FEI Number:** 46-1660024

**Certificate of Status Desired:** No

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

HARRYHYILL, KEITH  
65 ARBOR DR NORTH  
ORMOND BEACH, FL 32174 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        65 ARBOR DR NORTH  
City-State-Zip: ORMOND BEACH FL 32174

*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

03/19/2017

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

\_\_\_\_\_ Date