

2019 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

04/05/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date