

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000102816

Entity Name: CENTERPOINTE COUNSELING AND RECOVERY OF SARASOTA, LLC

FILED
Apr 27, 2015
Secretary of State
CC5314211179

Current Principal Place of Business:

425 COMMERCIAL CT
SUITE 100
VENICE, FL 34292

Current Mailing Address:

425 COMMERCIAL CT
SUITE 100
VENICE, FL 34292 US

FEI Number: 46-3221369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHELPS, CARRIE L
4760 ATLANTIC AVE
SARASOTA, FL 34233 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 PHELPS, CARRIE L
Address 4760 ATLANTIC AVE
City-State-Zip: SARASOTA FL 34233

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: CARRIE L PHELPS

MEMBER

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date