

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000102816

**Entity Name:** CENTERPOINTE COUNSELING AND RECOVERY OF SARASOTA, LLC

**FILED**  
**Apr 21, 2019**  
**Secretary of State**  
**7738661125CC**

**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 PHELPS**

**MANAGER MEMBER**

**04/21/2019**

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

\_\_\_\_\_  
Date