

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000106917

**FILED
Apr 22, 2015
Secretary of State
CC0363505018**

Entity Name: PASSAGES ADDICTION REHAB CENTERS OF FLORIDA LLC

Current Principal Place of Business:

10920 PINE CREEK LANE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

10920 PINE CREEK LANE
PORT ST. LUCIE, FL 34986

FEI Number: 46-3301486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOWDHURY, ATIQUZZAMAN
10920 PINE CREEK LANE
PORT ST. LUCIE, FL 34986 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 MGR
Name SANTOS, OSVALDO
Address 351 SW ALCAN COURT
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MGRM
Name CHOWDHURY, ATIQUZZAMAN
Address 10920 PINE CREEK LANE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title MGRM
Name WADHWA, SURESH
Address 7696 STEEPLECHASE COURT
City-State-Zip: PORT SAINT LUCIE FL 34986

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: ATIQUZZAMAN CHOWDHURY

MGR PARTNER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date