

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000124909

Entity Name: GROWTH & RECOVERY COUNSELING CENTER, LLC

Current Principal Place of Business:

7747 MITCHELL BLVD., STE-B
NEW PORT RICHEY, FL 34655

Current Mailing Address:

7747 MITCHELL BLVD., STE-B
NEW PORT RICHEY, FL 34655

FEI Number: 46-3602120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VINCENT, JOY DAVIS
7747 MITCHELL BLVD., STE-B
NEW PORT RICHEY, FL 34655 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 VINCENT, JOY DAVIS
Address 7747 MITCHELL BLVD., STE-B
City-State-Zip: NEW PORT RICHEY FL 34655

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: JOY DAVIS VINCENT

OWNER

03/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date