

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165239

**Entity Name:** AMETHYST RECOVERY CENTER LLC

**Current Principal Place of Business:**

2000 SE PORT SAINT LUCIE BLVD. SUITE B  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

2000 SE PORT SAINT LUCIE BLVD. SUITE B  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 47-2151880

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TREACY, JULIE A  
2000 SE PORT SAINT LUCIE BLVD. SUITE B  
PORT SAINT LUCIE, FL 34952 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 USR HOLDINGS LLC  
Address 2000 SE PORT ST LUCIE SUITE C  
City-State-Zip: PORT ST LUCIE DE 34952

*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:** JULIE TREACY

MGR

01/05/2017

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

\_\_\_\_\_ Date