

2018 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 US

FEI Number: 47-2151880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPRINGER, PAMELA
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: PAMELA SPRINGER

REGISTERED AGENT

04/27/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date