

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000002188

Entity Name: ADDICTION RECOVERY CONSULTANTS , LLC

Current Principal Place of Business:

20 E TAUNTON ROAD
SUITE 103
BERLIN, NJ 34952

Current Mailing Address:

49 SW FLAGLER AVE.
SUITE 301
STUART, FL 34994 US

FEI Number: 37-1775302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOBLEGARD, MATTHEW D ESQ
49 SW FLAGLER AVE.
SUITE 301
STUART, FL 34994 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	Title	AUTHORIZED REPRESENTATIVE
Name	SANTOS, OSVALDO	Name	KOBLEGARD, MATTHEW
Address	49 SW FLAGLER AVE. SUITE 301	Address	49 SW FLAGLER AVE. SUITE 301
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994

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: MATTHEW KOBLEGARD

AR/RA

01/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date