

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000002188

**Entity Name:** ADDICTION RECOVERY CONSULTANTS , LLC

**Current Principal Place of Business:**

8452 SOUTH FEDERAL HIGHWAY  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

8452 SOUTH FEDERAL HIGHWAY  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 37-1775302

**Certificate of Status Desired:** No

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

SELIGMAN, ADAM ESQ  
4420 BACON CIRCLE  
WEST PALM BEACH, FL 33407 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  
Name BARON, JEREMIAH  
Address 49 SW FLAGLER AVE., SUITE 301  
City-State-Zip: STUART FL 34994

Title MGRM  
Name SANTOS, OSVALDO  
Address 351 SW ALCAN COURT  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** JEREMIAH BARON

**MANAGER**

**03/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date