

2017 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:

KATZ & ASSOCIATES, PL
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
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

MGRM

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date