## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000057623

**Entity Name: SEACREST RECOVERY CENTER LLC** 

FILED
Mar 28, 2024
Secretary of State
8014297907CC

**Current Principal Place of Business:** 

5300 WEST ATLANTIC AVENUE, SUITE 400 DELRAY BEACH. FL 33484

## **Current Mailing Address:**

5300 WEST ATLANTIC AVENUE, SUITE 400 DELRAY BEACH, FL 33484 US

FEI Number: 47-3645267 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FENSTER, JEFFERY M 111 NORTH PINE ISLAND ROAD SUITE 210 PLANTATION, FL 33324 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 Title MGR

NameSTARFISH RECOVERY LLCNamePLATINUM HOLDING GROUP LLCAddress111 NORTH PINE ISLAND ROADAddress111 NORTH PINE ISLAND ROAD

City-State-Zip: PLANTATIN FL 33324 City-State-Zip: PLANTATION FL 33324

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.

Electronic Signature of Signing Authorized Person(s) Detail

**MGR**