2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2018
Secretary of State
CC5252468469

DOCUMENT# L15000136668

Entity Name: GIFT OF FREEDOM RECOVERY CENTER LLC

Current Principal Place of Business:

1801 SE HILLMOOR DR., #C-101
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1801 SE HILLMOOR DR., #C-101
PORT ST. LUCIE, FL 34952 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEIFITZ, MIKHAEL E. ESQ
3363 NE 163 STREET STE 708
NORTH MIAMI BEACH, FL 33160 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: MIKHAEL E.KEIFITZ,ESQ 03/12/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	HRABOVA, ZORIANA	Name	EPSHTEYN, LYUDMILA
Address	1801 SE HILLMOOR DR., #C-101	Address	1801 SW HILLMOOR DRIVE OFFICE C-101
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST LUCIE FL 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: EPSHTEYN , LYUDMILA MGR 03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date