## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000151863

Entity Name: MIAMI BEACH HOLISTIC ADDICTION TREATMENT CENTER,

LLC

Apr 30, 2016 **Secretary of State** CC1344141268

Date

**FILED** 

## **Current Principal Place of Business:**

309 23RD STREET SUITE 200C MIAMI BEACH, FL 33139

# **Current Mailing Address:**

309 23RD STREET SUITE 200C MIAMI BEACH, FL 33139 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

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

SANCHEZ, ROBERTO DR. 309 23RD STREET SUITE 200C MIAMI BEACH, FL 33139 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: DR. ROBERTO SANCHEZ 04/30/2016

Electronic Signature of Registered Agent

## Authorized Person(s) Detail:

**AMBR** 

Name SANCHEZ, ROBERTO PSY.D. Address 309 23RD STREET SUITE 200C City-State-Zip: MIAMI BEACH FL 33139

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.