

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000151863

**Entity Name:** MIAMI BEACH HOLISTIC ADDICTION TREATMENT CENTER, LLC

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC6092966392**

**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: 47-5032625**

**Certificate of Status Desired: Yes**

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

BURSTYN, DAVID  
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: DAVID BURSTYN

04/12/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DG36, LLC  
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.*

SIGNATURE: DAVID BURSTYN

MANAGER

04/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date