

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000006369

Entity Name: RECOVERY ROAD SOBER LIVING, LLC

Current Principal Place of Business:

9 FORE DRIVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

9 FORE DRIVE
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 81-1125377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, MARK R ESQ
124 FAULKNER ST.
NEW SMYRNA BEACH, FL 32168 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 AR
Name ROBERTS, RICHARD
Address 9 FORE DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: RICHARD ROBERTS

05/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date