2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2017
Secretary of State
CC7977673392

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Entity Name: SEACREST WELLNESS LLC

Current Principal Place of Business:

111 NORTH PINE ISLAND ROAD 202
PLANTATION, FL 33324

Current Mailing Address:

638 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435

FEI Number: 81-3785042

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEACREST RECOVERY CENTER LLC
638 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435 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
Name	SEACREST RECOVERY CENTER LLC
Address	638 EAST OCEAN AVENUE
City-State-Zip:	BOYNTON BEACH FL 33435

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: JOSHUA FENSTER CEO 02/03/2017

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