

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214932

**Entity Name:** POSITIVE RECOVERY RESOURCES LLC

**Current Principal Place of Business:**

2508 N. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2508 N. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 81-4543247

**Certificate of Status Desired:** No

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

BELOLO, JONATHAN  
2508 N. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407 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	Title	AMBR
Name	BELOLO, JONATHAN	Name	SUNSHINE RECOVERY CENTER LLC
Address	2508 N. AUSTRALIAN AVE	Address	2508 N. AUSTRALIAN AVE
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407

*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:** JONATHAN BELOLO

MGR

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date