

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000086632

**Entity Name:** HARBOR RECOVERY HOME, LLC.

**Current Principal Place of Business:**

10339 NW 37 AVE  
MIAMI, FL 33147

**Current Mailing Address:**

10339 NW 37 AVE  
MIAMI, FL 33147 UN

**FEI Number: 82-4333376**

**Certificate of Status Desired: Yes**

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

MOREJON, DENICE  
10339 NW 37 AVE  
MIAMI, FL 33147 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	CEO	Title	TREASURER
Name	MOREJON, DENICE	Name	MOREJON, SOLIMAR K
Address	10339 NW 37 AVE	Address	10339 NW 37 AVE
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33147

Title SECRETARY  
 Name LUGO, DORISMAR M  
 Address 10339 NW 37 AVE  
 City-State-Zip: MIAMI 33147

*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: DENICE MOREJON**

**CEO**

**03/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date