

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000198433

**Entity Name:** ST JOHN'S RECOVERY PLACE, LLC

**Current Principal Place of Business:**

1125 N SUMMIT STREET  
CRESCENT CITY, FL 32112

**Current Mailing Address:**

5790 POWERLINE ROAD  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BUHADANA, SHIMON  
5790 POWERLINE RD  
FORT LAUDERDALE, FL 33309 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:** SHIMON BUHADANA

03/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BUHADANA, SHIMON  
Address 5790 POWERLINE RD  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** SHIMON BUHADANA

MGRM

03/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date