

2019 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

03/22/2019

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

03/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date