

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000032425

**Entity Name:** THE WAY HOME TREATMENT CENTER , LLC

**Current Principal Place of Business:**

1100 W. OAKLAND PARK BLVD.  
#3  
WILTON MANORS, FL 33311

**Current Mailing Address:**

1100 W. OAKLAND PARK BLVD.  
#3  
WILTON MANORS, FL 33311 US

**FEI Number: 82-4572426**

**Certificate of Status Desired: No**

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

HATHAWAY, EILEEN  
540 S RAINBOW DR  
HOLLYWOOD, FL 33021 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	SOLER, KIRRA	Name	HATHAWAY, EILEEN
Address	5308 ADAMS ST	Address	540 S RAINBOW DRIVE
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

*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: KIRRA SOLER**

**MANAGER**

**01/20/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date