

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000068509

**Entity Name:** TRANSFORMING RECOVERY SERVICES, LLC

**Current Principal Place of Business:**

5163 ANDROS DRIVE  
NAPLES, FL 34113

**Current Mailing Address:**

5163 ANDROS DRIVE  
NAPLES, FL 34113 US

**FEI Number:** 82-4872207

**Certificate of Status Desired:** No

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

WOOD, BUCKEL & CARMICHAEL  
2150 GOODLETTE ROAD NORTH  
SIXTH FLOOR  
NAPLES, FL 34102 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 AMBR  
Name COLEMAN, WILLIAM  
Address 5163 ANDROS DRIVE  
City-State-Zip: NAPLES FL 34113

*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:** WILLIAM COLEMAN

**MANAGER**

**01/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date