

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000185096

**Entity Name:** ALPHA OMEGA RECOVERY, LLC

**Current Principal Place of Business:**

88005 OVERSEAS HWY  
SUITE 10-148  
ISLAMORADA, FL 33036

**Current Mailing Address:**

88005 OVERSEAS HWY  
SUITE 10-148  
ISLAMORADA, FL 33036 US

**FEI Number:** 83-1482714

**Certificate of Status Desired:** No

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

HAVRE, BILL  
7901 4TH STREET N  
STE 300  
ST PETERSBURG, FL 33702 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:** MARYANNE A BROWN

01/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name BROWN, JASON A  
Address 132 PALO DE ORO DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title MEMBER  
Name BROWN, LISA  
Address 132 PALO DE ORO DRIVE  
City-State-Zip: ISLAMORADA FL 33036

*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:** JASON BROWN

MEMBER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date