

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000204016

Entity Name: MIRACLES RECOVERY CENTER, LLC.

Current Principal Place of Business:

584 NW UNIVERSITY BLVD
STE 400
PORT ST LUCIE, FL 34986

Current Mailing Address:

584 NW UNIVERSITY BLVD
STE 400
PORT ST LUCIE, FL 34986 US

FEI Number: 83-2433620

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOOPER, TAYLOR
584 NW UNIVERSITY BLVD
STE 400
PORT ST LUCIE, FL 34986 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: TAYLOR HOOPER

04/18/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BLOSSOM, JEFFREY
Address 5940 SETTLERS PATH LN
City-State-Zip: CUMMING GA 30028

Title MANAGER
Name HOOPER, TAYLOR
Address 584 NW UNIVERSITY BLVD
STE 400
City-State-Zip: PORT ST LUCIE FL 34986

Title AUTHORIZED MEMBER
Name BLOSSOM, JOHN RECOVERY
CENTER
Address 584 NW UNIVERSITY BLVD
STE 400
City-State-Zip: PORT ST LUCIE FL 34986

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: JEFFREY BLOSSOM

CEO

04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date