

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000232485

**Entity Name:** EMBRACE RECOVERY CENTER LLC

**Current Principal Place of Business:**

5475 NW SAINT JAMES DR.  
431  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

702 N 27TH ST  
FORT PIERCE, FL 34947 US

**FEI Number:** 83-2102663

**Certificate of Status Desired:** Yes

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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 WILKS-STANFORD, CARMEN  
Address 1666 SW GEMINI LANE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title AMBR  
Name YOUNG, JOHN  
Address 702 N 27TH ST  
City-State-Zip: FORT PIERCE FL 34947

*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:** JOHN YOUNG

**OWNER**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date