

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000307814

**Entity Name:** NEW WAY RECOVERY RESIDENCY LLC

**Current Principal Place of Business:**

2747 LINWOOD AVE  
NAPLES, FL 34112

**Current Mailing Address:**

PO BOX 8281  
NAPLES, FL 34112 UN

**FEI Number:** 85-3721875

**Certificate of Status Desired:** No

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

VANHOUTEN, LYNZI  
2747 LINWOOD AVE  
NAPLES, FL 34112 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	VANHOUTEN, LYNZI	Name	VANHOUTEN, SAMUEL
Address	2747 LINWOOD AVE	Address	2747 LINWOOD AVE
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34112

*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:** LYNZI N VANHOUTEN

MGR

02/06/2024

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

\_\_\_\_\_ Date