

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000001490

**Entity Name:** CAROLINA CENTER FOR RECOVERY LLC

**Current Principal Place of Business:**

7349 STATESVILLE RD  
CHARLOTTE, NC 28269

**Current Mailing Address:**

28705 BENNINGTON DR  
WESLEY CHAPEL, FL 33544

**FEI Number: 81-5120618**

**Certificate of Status Desired: No**

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

DOYLE, CHRIS  
28705 BENNINGTON DR  
WESLEY CHAPEL, FL 33544 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            MBR  
Name            DOYLE, CHRIS  
Address        7349 STATESVILLE RD  
City-State-Zip: CHARLOTTE NC 28269

*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: CHRIS DOYLE**

**MGR**

**02/06/2024**

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

\_\_\_\_\_  
Date