





Office of the Secretary of State STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20241988171 Date Filed: 11/11/2024

Entity Details	
Limited Liability Company Name	Corcoran Recovery Center LLC
Entity No.	202464512656
Formed In	CALIFORNIA
Street Address of Principal Office of LLC	
Principal Address	555 NORTH COURT CORCORAN, CA 93212
Mailing Address of LLC	
Mailing Address	555 NORTH COURT CORCORAN, CA 93212
Attention	
Street Address of California Office of LLC	
Street Address of California Office	None
Manager(s) or Member(s)	
Manager or Member Name	Manager or Member Address
+ Carrie Mattox	555 NORTH COURT CORCORAN, CA 93212
+ Kevin Chamness	555 NORTH COURT CORCORAN, CA 93212
Agent for Service of Process	
Agent Name	Carrie Mattox
Agent Address	555 NORTH COURT CORCORAN, CA 93212
Type of Business	
Type of Business	health_care_and_social_assistance
Email Notifications	
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Chief Executive Officer (CEO)	
CEO Name	CEO Address
	None Entered

Labor Judgment

No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature		
By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.		
Carrie Mattox	11/11/2024	
Signature	Date	