

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002080

FILED
Apr 03, 2012
Secretary of State

Entity Name: EXCELLENCE ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PORTIGLIATTI, FERNANDA
8137 VIA ROSA
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

PORTIGLIATTI, FERNANDA
8812 ELLIOTT'S COURT
ORLANDO, FL 32836 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: FERNANDA PORTIGLIATTI

04/03/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PORTIGLIATTI, ANTHONY B
Address: 8812 ELLIOTT'S COURT
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM
Name: PORTIGLIATTI, FERNANDA
Address: 8812 ELLIOTT'S COURT
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM
Name: HAPPE, SAMOEL
Address: 8230 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANTHONY B. PORTIGLIATTI

MGRM

04/03/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date