

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000011126

Entity Name: INDEPENDENT LIVING SYSTEMS, LLC.

Current Principal Place of Business:

4601 NW 77TH AVE
MIAMI, FL 33166

Current Mailing Address:

4601 NW 77TH AVENUE
MIAMI, FL 33166 US

FEI Number: 45-0481642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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: DAVID C. RISTAINO

10/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, CHAIRMAN, CEO
Name PLANA, NESTOR
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name LAMONT, ANN H.
Address 4601 NW 77TH AVE
City-State-Zip: MIAMI FL 33166

Title MANAGER
Name ROSEN, JAY A.
Address 4601 NW 77TH AVENUE
City-State-Zip: MIAMI FL 33166

Title MANAGER
Name LEAVITT, MICHAEL O.
Address 4601 NW 77TH AVENUE
City-State-Zip: MIAMI FL 33166

Title MANAGER
Name KOSECOFF, JACQUELINE
Address 4601 NW 77TH AVE
City-State-Zip: MIAMI FL 33166

Title CFO
Name WILLETTE , EVAN L.
Address 4601 NW 77TH AVENUE
City-State-Zip: MIAMI FL 33166

Title PRESIDENT
Name ROGERS, DAVID A.
Address 4601 NW 77TH AVENUE
City-State-Zip: MIAMI FL 33166

Title MANAGER
Name DISALVO, MARK
Address 4601 NW 77TH AVENUE
City-State-Zip: MIAMI FL 33166

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: PLANA, NESTOR

MANAGER

10/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date