

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011126

FILED
Jan 19, 2016
Secretary of State
CC9944465536

Entity Name: INDEPENDENT LIVING SYSTEMS, LLC.

Current Principal Place of Business:

5200 BLUE LAGOON DR., SUITE 500
MIAMI, FL 33126

Current Mailing Address:

5200 BLUE LAGOON DR., SUITE 500
MIAMI, FL 33126 US

FEI Number: 45-0481642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RISTAINO, DAVID C ESQ.
5200 BLUE LAGOON DRIVE
SUITE 500
MIAMI, FL 33126 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, ESQ.

01/19/2016

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 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name KING-SHAW, JR., RUBEN
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name ROSEN, JAY A.
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name LEAVITT, MICHAEL O.
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name KOSECOFF, JACQUELINE
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title PRESIDENT, COO
Name NOLAN, TIMOTHY E.
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

Title VP, SECRETARY, GENERAL COUNSEL
Name RISTAINO, DAVID C.
Address 5200 BLUE LAGOON DR., SUITE 500
City-State-Zip: MIAMI FL 33126

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: DAVID C. RISTAINO

VP

01/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date