

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002080

**Entity Name:** EXCELLENCE ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

5950 LAKEHURST DRIVE  
SUITE 182  
ORLANDO, FL 32819

**Current Mailing Address:**

5950 LAKEHURST DRIVE  
SUITE 182  
ORLANDO, FL 32819 US

**FEI Number:** 54-2098365

**Certificate of Status Desired:** Yes

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

PORTIGLIATTI, BRUNO D JD  
4412 CONROY CLUB DRIVE  
ORLANDO, FL 32835 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:** BRUNO D PORTIGLIATTI

04/03/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                              |
|-----------------|-------------------------|-----------------|------------------------------|
| Title           | MGR                     | Title           | AMBR                         |
| Name            | PORTIGLIATTI, ANTHONY B | Name            | SENIOR LIVING, LLC           |
| Address         | 8812 ELLIOTTS COURT     | Address         | 5950 LAKEHURST DR<br>STE 169 |
| City-State-Zip: | ORLANDO FL 32836        | City-State-Zip: | ORLANDO FL 32819             |

*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:** BRUNO D PORTIGLIATTI

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date