

2015 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: No

Name and Address of Current Registered Agent:

SHINDOLL, FLORALEE
4601 JUDY COURT
ORLANDO, FL 32839 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PORTIGLIATTI, ANTHONY B
Address 8812 ELLIOTTS COURT
City-State-Zip: ORLANDO FL 32836

Title MGRM
Name HAPPEL, SAMOEL
Address 5950 LAKEHURST DRIVE SUITE 182
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: PORTIGLIATTI , ANTHONY B

MGRM

04/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date