

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016678

**Entity Name:** HARBOR ASSISTED LIVING, LLC**Current Principal Place of Business:**1440 HIGHWAY A1A  
VERO BEACH, FL 32963**Current Mailing Address:**1440 HIGHWAY A1A  
VERO BEACH, FL 32963**FEI Number:** 20-0130605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	SMICK, TIMOTHY S
Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963

Title	VICE PRESIDENT
Name	HANSON, SARABETH
Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963

Title	SECRETARY, VICE PRESIDENT
Name	JENNINGS, CHARLES
Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963

Title	TREASURER
Name	MITCHELL, THOMAS
Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963

Title	ASSISTANT SECRETARY
Name	COLLINS, CHRIS
Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963

*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:** THOMAS MITCHELL

TREASURER

04/14/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date