## 2014 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. 155 OFFICE PLAZA DRIVE 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

FILED Apr 30, 2014

**Secretary of State** 

CC9479766979

Authorized Person(s) Detail :

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

Title SECRETARY, VICE PRESIDENT Title TREASURER

NameJENNINGS, CHARLESNameMITCHELL, THOMASAddress1440 HIGHWAY A1AAddress1440 HIGHWAY A1ACity-State-Zip:VERO BEACH FL 32963City-State-Zip:VERO BEACH FL 32963

Title ASSISTANT SECRETARY

Name DORSEY, DONNA
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

Electronic Signature of Signing Authorized Person(s) Detail

**TREASURER** 

04/30/2014

Date