

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042804

**Entity Name:** A & J CENTRAL ASSISTED LIVING PROPERTIES, LLC

**Current Principal Place of Business:**

2973 MAYPORT RD.  
JACKSONVILLE, FL 32233

**Current Mailing Address:**

2973 MAYPORT RD.  
JACKSONVILLE, FL 32233 US

**FEI Number:** 20-8915307

**Certificate of Status Desired:** No

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

TOMKOVICH, MICHAEL  
2973 MAYPORT RD.  
JACKSONVILLE, FL 32233 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 TOMKOVICH, MICHAEL D  
Address 320 GENERAL DOOLITTLE DR  
City-State-Zip: JACKSONVILLE FL 32225

*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:** MICHAEL TOMKOVICH

**MANAGER**

**04/16/2019**

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

\_\_\_\_\_ Date