

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102567

**Entity Name:** SAFETY HARBOR SENIOR LIVING, LLC**Current Principal Place of Business:**3333 W KENNEDY BLVD, SUITE 206  
TAMPA, FL 33609**Current Mailing Address:**3333 W KENNEDY BLVD, SUITE 206  
TAMPA, FL 33609 US**FEI Number:** 27-3586051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CURTIS, WILLIAM P  
3333 W KENNEDY BLVD, SUITE 206  
TAMPA, FL 33609 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	MGR
Name	CURTIS, WILLIAM P
Address	3333 W KENNEDY BLVD, SUITE 206
City-State-Zip:	TAMPA FL 33609

Title	MGR
Name	CURTIS, ROBERT T
Address	3333 W KENNEDY BLVD, SUITE 206
City-State-Zip:	TAMPA FL 33609

Title	MGR
Name	KRAUSE, THOMAS S
Address	1300 N. WESTSHORE BLVD. SUITE 250
City-State-Zip:	TAMPA FL 33607

Title	MGR
Name	PLOUCHER, RAYMOND A
Address	1300 N. WESTSHORE BLVD. SUITE 250
City-State-Zip:	TAMPA FL 33607

Title	MGR
Name	MUSCARO, TIMOTHY DDS
Address	5008 SAN MIGUEL STREET
City-State-Zip:	TAMPA FL 33629

*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:** WILLIAM P. CURTIS

MGR

03/05/2015

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