## Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANCHEZ, MARIA C

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Mailing Address:**

9410 S.W. 52ND TERRACE

MIAMI, FL 33165

DOCUMENT# L12000015694

**Current Principal Place of Business:** 

2710 S.W. 77TH COURT MIAMI. FL 33155

## **FEI Number: NOT APPLICABLE**

Name and Address of Current Registered Agent:

Entity Name: A-1 ASSISTED LIVING FACILITY, LLC

IVETTE RODRIGUEZ PA 201 ALHAMBRA CIRCLE SUITE 500 MIAMI, FL 33134 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	: IVETTE RODRIGUEZ			04/30/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGING MEMBER, AND MANAGER	Title	MANAGING MEMBER	
Name	SANCHEZ, MARIA C	Name	SANCHEZ, ADRIAN A	
Address	2066 ALTON ROAD	Address	9410 SW 52 TERRACE	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI FL 33165	

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

MANAGER

Certificate of Status Desired: Yes

Date

MANAGING MEMBER AND 04/30/2015