

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000063624

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC6201861226**

**Entity Name:** SUNSET WEST ASSISTED LIVING, LLC

**Current Principal Place of Business:**

13360 SW 66TH STREET  
MIAMI, FL 33183

**Current Mailing Address:**

13360 SW 66TH STREET  
MIAMI, FL 33183

**FEI Number:** 46-2665881

**Certificate of Status Desired:** Yes

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

LOCIER, SARAH  
13360 SW 66TH STREET  
MIAMI, FL 33183 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	Title	MMGR
Name	LOCIER, SARAH	Name	LOCIER, MOISES M
Address	13360 SW 66TH STREET	Address	13360 SW 66TH STREET
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

*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:** SARAH LOCIER

**PRESIDENT**

**01/20/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date