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

Electronic Signature of Signing Authorized Person(s) Detail

13360 SW 66TH STREET MIAMI, FL 33183

Current Principal Place of Business:

Entity Name: SUNSET WEST ASSISTED LIVING, LLC

Current Mailing Address:

13360 SW 66TH STREET MIAMI, FL 33183

FEI Number: 46-2665881

City-State-Zip: MIAMI FL 33183

Name and Address of Current Registered Agent:

13360 SW 66TH STREET

Electronic Signature of Registered Agent

LOCIER, SARAH 13360 SW 66TH STREET MIAMI, FL 33183 US

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: Yes

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:

Address

Authorized Person(s) Detail :TitlePRESIDENTNameLOCIER, SARAHNameLOCIER, Mane

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

Date

FILED Jun 24, 2020 Secretary of State 2258421602CC

PRESIDENT

06/24/2020

Date