

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000064675

Entity Name: QUIET WHISPER ASSISTED LIVING FACILITY L.L.C.

Current Principal Place of Business:

190 S.W. DEREK GLEN
LAKE CITY, FL 32024

Current Mailing Address:

190 S.W. DEREK GLEN
LAKE CITY, FL 32024

FEI Number: 80-0917920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, CECILIA S
190 S.W. DEREK GLEN
LAKE CITY, FL 32024 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 DAVIS, CECILIA S
Address 190 S.W. DEREK GLEN
City-State-Zip: LAKE CITY FL 32024

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: CECILIA S DAVIS

**MANAGER/ADMINISTRAT 02/08/2017
OR**

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date