

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000079748

**Entity Name:** SENIOR LIVING SOLUTIONS OF VENICE LLC

**Current Principal Place of Business:**

413 VALENCIA RD.  
VENICE, FL 34285

**Current Mailing Address:**

413 VALENCIA RD.  
VENICE, FL 34285 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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	MGRM	Title	MGRM
Name	CARNEY, PAULA	Name	HAGUE, BETH A
Address	413 VALENCIA RD.	Address	413 VALENCIA RD.
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285

*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:** PAULA CARNEY

MGRM

01/08/2014

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

\_\_\_\_\_  
Date