

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000009083

**Entity Name:** ELDERLY PRIDE ASSISTED LIVING LLC II

**Current Principal Place of Business:**

306 W GRANT STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

306 W GRANT STREET  
PLANT CITY, FL 33563 US

**FEI Number:** 47-2851826

**Certificate of Status Desired:** No

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

KADIRI, DAVID AGBARUMHI SIR.  
306 W GRANT STREET  
PLANT CITY, FL 33563 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:** DAVID A KADIRI

01/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR, /ADMINISTRATOR  
Name KADIRI, DAVID A MR.  
Address 306 W GRANT STREET  
City-State-Zip: PLANT CITY FL 33563

Title AMBR  
Name KADIRI, PRISCILLA A RN  
Address 306 W GRANT STREET  
City-State-Zip: PLANT CITY FL 33563

*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:** DAVID AGBARUMHI KADIRI

ADMINISTRATOR

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date