

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000079040

**Entity Name:** TARPON SPRINGS ASSISTED LIVING AT WALTON PLACE, LLC

**Current Principal Place of Business:**

5901 US HWY. 19  
7  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5901 US HWY. 19  
7  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 47-3971752

**Certificate of Status Desired:** No

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

BURNARD, MARY A  
5901 US HWY. 19  
7  
NEW PORT RICHEY, FL 34652 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:** MARY A BURNARD

03/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BURNARD, HARRY  
Address        5901 US HWY. 19, SUITE 7  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           MANAGER  
Name           BURNARD, MARY A  
Address        5901 US HWY. 19, SUITE 7  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           MGR  
Name           BURNARD, HARRY  
Address        5901 US HWY. 19, SUITE 7  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           MGR  
Name           BURNARD, MARY A  
Address        5901 US HWY. 19, SUITE 7  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** MARY A BURNARD

MGR

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date