

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000079040

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

FILED
Feb 04, 2016
Secretary of State
CC6074372847

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:

WHITE, 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title AMBR
Name WHITE, 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 WHITE, 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 WHITE

AMBR

02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date