

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000108403

**Entity Name:** ADLIFE SENIOR CARE, LLC

**Current Principal Place of Business:**

7733 BINGHAM CT.  
TAMPA, FL 33625

**Current Mailing Address:**

7733 BINGHAM CT.  
TAMPA, FL 33625 US

**FEI Number:** 47-4388337

**Certificate of Status Desired:** No

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

POWERS, LARRY  
7733 BINGHAM CT.  
TAMPA, FL 33625 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	Title	MGR
Name	POWERS, LARRY	Name	POWERS, INARIA
Address	7733 BINGHAM CT.	Address	7733 BINGHAM CT.
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

*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:** LARRY POWERS

**PRESIDENT**

**04/24/2019**

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

\_\_\_\_\_  
Date