

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000108403

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

**Current Principal Place of Business:**

8108 OLD HIXON RD.  
SUITE 105  
TAMPA, FL 33626

**Current Mailing Address:**

8108 OLD HIXON RD.  
SUITE 105  
TAMPA, FL 33626 US

**FEI Number:** 47-4388337

**Certificate of Status Desired:** No

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

POWERS, LARRY  
8108 OLD HIXON RD.  
SUITE 105  
TAMPA, FL 33626 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  
Name POWERS, LARRY  
Address 8108 OLD HIXON ROAD SUITE 105  
City-State-Zip: TAMPA FL 33626

Title MGR  
Name POWERS, INARIA  
Address 8108 OLD HIXON ROAD SUITE 105  
City-State-Zip: TAMPA FL 33626

*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**

**01/29/2016**

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

\_\_\_\_\_  
Date