

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000146708

Entity Name: ACTS ADULT CARE CENTER, LLC

Current Principal Place of Business:

8765 SW 165 AVE
103-104
MIAMI, FL 33193

Current Mailing Address:

8765 SW 165 AVE
103-104
MIAMI, FL 33193 US

FEI Number: 47-4956069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRUST ADVISORS CORPORATION
5781-B NW 151 STREET
MIAMI LAKES, FL 33014 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 | MERA, DANIEL | Name | MERA, CATHERINE A. |
| Address | 2605 SW 79 COURT | Address | 2605 SW 79 COURT |
| City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | MIAMI FL 33155 |

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: DANIEL MERA

MANAGER

01/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date