

**2019 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	NERA, DANIEL	Name	FERNANDEZ, MANUEL
Address	2605 SW 79 COURT	Address	8535 SW 146 COURT
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33183

*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**

**03/12/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date