

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000148830

**Entity Name:** EXCELLENCE SENIOR LIVING FACILITY, LLC

**Current Principal Place of Business:**

5950 LAKEHURST DRIVE  
SUITE 182  
ORLANDO, FL 32819

**Current Mailing Address:**

5950 LAKEHURST DRIVE  
SUITE 182  
ORLANDO, FL 32819 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PORTIGLIATTI GROUP, LLC  
5950 LAKEHURST DRIVE  
SUITE 169  
ORLANDO, FL 32819 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 PORTIGLIATTI, ANTHONY B  
Address 8812 ELLIOTTS CT  
City-State-Zip: ORLANDO FL 32836

Title AMBR  
Name PORTIGLIATTI, FERNANDA G  
Address 8812 ELLIOTTS CT  
City-State-Zip: ORLANDO FL 32836

Title AMBR  
Name PORTIGLIATTI, BRUNO D  
Address 4412 CONROY CLUB DR  
City-State-Zip: ORLANDO FL 32835

*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:** ANTHONY B PORTIGLIATTI ,

AMBR

04/08/2017

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

\_\_\_\_\_  
Date