

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000155327

**Entity Name:** IMATTER ADULT DAY CENTER, LLC

**Current Principal Place of Business:**

3427 WEST WOOLBRIGHT RD.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3427 WEST WOOLBRIGHT RD.  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 47-5099326

**Certificate of Status Desired:** No

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

BRENNAN, ALVIN L  
11936 DOVER VILLAGE DR W  
JACKSONVILLE, FL 32220 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	BRENNAN, ANDRAYA J	Name	BRENNAN, ALVIN L
Address	3427 WEST WOOLBRIGHT RD.	Address	3427 WEST WOOLBRIGHT RD.
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436

*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:** ANDRAYA J. BRENNAN

**CHIEF EXECUTIVE  
OFFICER/MGR**

**04/29/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date