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

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

Autho

Title	MGR	Title	MGR
Name	MERA, DANIEL	Name	FERNANDEZ, MANUEL
Address	2605 SW 79TH COURT	Address	8535 SW 146TH COURT
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33183

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000189875

Entity Name: ACTS ADULT LIVING FACILITIES, LLC

Current Principal Place of Business:

8765 SW 165 AVENUE 103-104 MIAMI, FL 33104

Current Mailing Address:

8765 SW 165 AVENUE 103-104 MIAMI, FL 33104

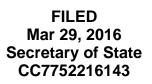
FEI Number: 47-5567116

Name and Address of Current Registered Agent:

TRUST ADVISORS CORPORATION 5781-B NW 151ST STREET MIAMI LAKES, FL 33014 US

Date

MANAGER



Date

Certificate of Status Desired: No

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.

orized Person(s) Detail :				
	MGR	Title	MGR	
	MERA, DANIEL	Name	FERNANDEZ, MANUEL	
SS	2605 SW 79TH COURT	Address	8535 SW 146TH COURT	
tate-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33183	