

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000011615

**Entity Name:** SENIOR POINT ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

2715 W SLIGH AVE  
TAMPA, FL 33614

**Current Mailing Address:**

2715 W SLIGH AVE  
TAMPA, FL 33614 US

**FEI Number:** 81-3693378

**Certificate of Status Desired:** No

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

WALK LAW FIRM PA  
100 S ASHLEY DR  
STE 620  
TAMPA, FL 33602 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:** WALK LAW FIRM PA, ROCHELLE FRIEDMAN WALK

02/14/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           ARTEAGA, ALEXIS  
Address        2715 W SLIGH AVE  
City-State-Zip: TAMPA FL 33614

*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:** ALEXIS ARTEAGA

MANAGING MEMBER

02/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date