

2017 FLORIDA LIMITED LIABILITY COMPANY 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:

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

Title MGR
Name PELLIZZE, PATRICK
Address 2825 N NEBRASKA AVE
City-State-Zip: TAMPA FL 33602

Title MGR
Name STEPHENS, JAMES
Address 2825 N NEBRASKA AVE
City-State-Zip: TAMPA FL 33602

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: JAMES STEPHENS

MGR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date