

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000079025

**Entity Name:** ACTIVE ADULT CARE LLC

**Current Principal Place of Business:**

15942 TERNGLADE DRIVE  
LITHIA, FL 33547

**Current Mailing Address:**

15942 TERNGLADE DRIVE  
LITHIA, FL 33547 UN

**FEI Number: 81-2339218**

**Certificate of Status Desired: No**

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

ALUR, CLAUDIA P  
15942 TERNGLADE DRIVE  
LITHIA, FL 33547 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 ALUR, CLAUDIA P  
Address 15942 TERNGLADE DRIVE  
City-State-Zip: LITHIA FL 33547

*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: CLAUDIA ALUR**

**MANAGER**

**01/14/2018**

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

\_\_\_\_\_  
Date