

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000081707

Entity Name: PALLISER ASSISTED LIVING LLC

Current Principal Place of Business:

9536 OLD PINE ROAD
BOCA RATON, FL 33428

Current Mailing Address:

9536 OLD PINE ROAD
BOCA RATON, FL 33428 US

FEI Number: 81-2469095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, SAIDIN M
8725 N.W. 18 TERRRACE
SUITE 308
DORAL, FL 33172 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 MITCHELL, DAVIS
Address 1200 WEST AVENUE, APT. 915
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name ZAVIK, DAVID
Address 1200 WEST AVENUE, APT. 915
City-State-Zip: MIAMI BEACH FL 33139

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: DAVIS MITCHELL

MGR

04/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date