

**2018 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. 625  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name ZAVIK, DAVID  
Address 1200 WEST AVENUE, APT. 625  
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

**OWNER**

**03/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date