

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000112249

**Entity Name:** EDEN'S GARDEN ASSISTED LIVING FACILITY "LLC"

**Current Principal Place of Business:**

1598 GILES ST NW  
PALM BAY, FL 32907

**Current Mailing Address:**

1598 GILES ST NW  
PALM BAY, FL 32907 US

**FEI Number: 81-2904062**

**Certificate of Status Desired: No**

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

GORDON , NICHOLE  
1598 GILES STREET  
PALM BAY, FL 32907 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: NICHOLE GORDON**

**04/28/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AR
Name	GORDON, NICHOLE	Name	GORDON, JOY LYN
Address	1598 GILES ST NW	Address	1598 GILES ST NW
City-State-Zip:	PALM BAY FL 32907	City-State-Zip:	PALM BAY FL 32907

*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: NICHOLE GORDON**

**MGR**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date