

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185502

**Entity Name:** SPRUCE CREEK ASSISTED LIVING ,LLC

**Current Principal Place of Business:**

5953 BROKEN BOW LANE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

762 COBBLESTONE WAY  
ORMOND BEACH, FL 32174 US

**FEI Number: 81-4048818**

**Certificate of Status Desired: No**

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

GREENE, CHARLENE  
762 COBBLESTONE WAY  
ORMOND BEACH, FL 32174 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 GREENE, CHARLENE  
Address 762 COBBLESTONE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title AMBR  
Name BARGGREN, JAMES C  
Address 762 COBBLESTONE WAY  
City-State-Zip: ORMOND BEACH FL 32174

*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: CHARLENE GREENE**

**REGISTERED AGENT**

**02/12/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date