

2018 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

MANAGER

01/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date