# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000203321

Entity Name: ADVANCE SENIOR DAY CARE LLC

# **Current Principal Place of Business:**

1901 S. JOHN YOUNG PKWY SUITE 101 KISSIMMEE, FL 34741

# **Current Mailing Address:**

1901 S. JOHN YOUNG PKWY SUITE 101 KISSIMMEE, FL 34741

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

FAIL SAFE ACCOUNTING LLC 20 SOUTH ROSE AVE SUITE 4 KISSIMMEE, FL 34741 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

### Authorized Person(s) Detail :

TitleMGRNameFONSECA, NORBERTOAddress803 SPRUCEWOOD LANECity-State-Zip:KISSIMMEE FL 34743

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.

MANAGER

# SIGNATURE: NORBERTO FONSECA

Electronic Signature of Signing Authorized Person(s) Detail

# FILED May 01, 2017 Secretary of State CC1445009180

Certificate of Status Desired: No

Date

05/01/2017 Date