

**2019 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 US

**FEI Number:** 81-4376302

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FONSECA, NORBERTO  
Address 1901 S. JOHN YOUNG PKWY  
SUITE 101  
City-State-Zip: KISSIMMEE FL 34741

Title MEMBER  
Name VASQUEZ, ANA M  
Address 1901 S. JOHN YOUNG PKWY  
SUITE 101  
City-State-Zip: KISSIMMEE FL 34741

Title MEMBER  
Name VILLAR, ANA M  
Address 1372 E VINE ST  
City-State-Zip: KISSIMMEE FL 34744

*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:** ANA M VASQUEZ

MEMBER

04/09/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date