

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000225015

Entity Name: MAJESTIC TOUCH ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

320 WEST 5TH STREET
APOPKA, FL 32703

Current Mailing Address:

320 WEST 5TH STREET
APOPKA, FL 32703 UN

FEI Number: 81-4667558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, REGINALD T
320 WEST 5TH STREET
APOPKA, FL 32703 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 CAMPBELL, REGINALD T
Address 320 WEST 5TH STREET
City-State-Zip: APOPKA FL 32703

Title MGR
Name CAMPBELL, MARGARET
Address 320 WEST 5TH STREET
City-State-Zip: APOPKA FL 32703

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: REGINALD CAMPBELL

MGR

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date