

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000141694

**Entity Name:** ASSISTED LIVING OF WESTCHESTER, LLC

**Current Principal Place of Business:**

10420 SW 26 TER  
MIAMI, FL 33165

**Current Mailing Address:**

10420 SW 26 TER.  
MIAMI, FL 33165 US

**FEI Number: 83-1027947**

**Certificate of Status Desired:** No

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

FIRST LEGAL, P.A.  
1930 HARRISON ST. STE 209  
HOLLYWOOD, FL 33020 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	Title	AMBR
Name	FABRE, JOEL A.	Name	FABRE, GISELLE D.
Address	10420 SW 26 TER	Address	10420 SW 26 TER
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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: JOEL A. FABRE**

**MGR**

**04/03/2024**

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

\_\_\_\_\_  
Date