

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000254811

Entity Name: SUNSET ADULT CARE ALF, LLC

Current Principal Place of Business:

10465 SW 158 PLACE
MIAMI, FL 33196

Current Mailing Address:

10465 SW 158 PLACE
MIAMI, FL 33196

FEI Number: 83-2481130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMUS, DALIA
851 SW 154 PATH
MIAMI, FL 33194 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 LEMUS, DALIA
Address 10465 SW 158 PLACE
City-State-Zip: MIAMI FL 33196

Title AMBR
Name MONIKA, ALVAREZ
Address 10465 SW 158 PLACE
City-State-Zip: MIAMI FL 33196

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: DALIA LEMUS

PRESIDENT

02/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date