## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000002197

Entity Name: ALIVIAR CARE OF WINTER PARK, LLC

**FILED** Mar 27, 2019 **Secretary of State** 1587641537CC

## **Current Principal Place of Business:**

320 WEST SABAL PALM PL

300

LONGWOOD, FL 32779

# **Current Mailing Address:**

320 WEST SABAL PALM PL

LONGWOOD, FL 32779 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

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

KAPADIA, ASHISH 320 WEST SABAL PALM PL LONGWOOD, FL 32779 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

ALIVIAR HOLDINGS, LLC Name 320 WEST SABAL PALM PL Address City-State-Zip: LONGWOOD FL 32779

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.

Electronic Signature of Signing Authorized Person(s) Detail

03/27/2019