

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000031199

Entity Name: ACTIVE ASSISTED LIVING, LLC

Current Principal Place of Business:

226 CLAYTON STREET
BRANDON, FL 33511

Current Mailing Address:

226 CLAYTON STREET
BRANDON, FL 33511 US

FEI Number: 84-4428902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALUR-CASTANEDA, CLAUDIA PATRICIA
15942 TERNGLADE DRIVE
LITHIA, FL 33547 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 AMBR
Name ALUR-CASTANEDA, CLAUDIA
 PATRICIA
Address 15942 TERNGLADE DRIVE
City-State-Zip: LITHIA FL 33547

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: CLAUDIA PATRICIA ALUR-CASTANEDA

AMBR

01/30/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date