

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000087699

Entity Name: NEW CHAPTER ASSISTED LIVING FACILITY 1 LLC

Current Principal Place of Business:

1601 NW 11 STREET
FORT LAUDERDALE, FL 33311

Current Mailing Address:

12310 NW 29 PLACE
SUNRISE, FL 33323 US

FEI Number: 85-0708470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADET FRANCOIS, CARLINE
12310 NW 29 PLACE
SUNRISE, FL 33323 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	Title	AMBR
Name	FRANCOIS, TONY	Name	CADET FRANCOIS, CARLINE
Address	12310 NW 29 PLACE	Address	12310 NW 29 PLACE
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

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: CARLINE CADET FRANCOIS

AMBR

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date