

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000267122

**Entity Name:** TORIA'S ASSISTED LIVING FACILITY I, LLC

**Current Principal Place of Business:**

2073 BALFOUR CIRCLE  
TAMPA, FL 33619

**Current Mailing Address:**

PO BOX 6457  
BRANDON, FL 33508 UN

**FEI Number:** 26-0087312

**Certificate of Status Desired:** No

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

ROWE, VICTORIA  
11013 HANNAWAY DRIVE  
RIVERVIEW, FL 33578 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 AP  
Name ROWE, VICTORIA  
Address 11013 HANNAWAY DRIVE  
City-State-Zip: TAMPA FL 33578

Title MGR  
Name TORIA'S SUPPORT CARE SERVICES,  
INC  
Address 11013 HANNAWAY DRIVE  
City-State-Zip: RIVERVIEW FL 33578

*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:** VICTORIA ROWE

ADM

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date