

2022 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: Yes

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 MGR
Name RORY WEINER, P.A
Address 11013 HANNAWAY DRIVE
City-State-Zip: RIVERVIEW FL 33578

Title MGR
Name RORY WEINER, PA
Address 11013 HANNAWAY DRIVE
City-State-Zip: RIVERVIEW FL 33578

Title AP
Name ROWE, VICTORIA
Address 11013 HANNAWAY DRIVE
City-State-Zip: TAMPA 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

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date