

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000367909

**Entity Name:** VENICE ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

950 PINEBROOK RD  
VENICE, FL 34285

**Current Mailing Address:**

320 NORWOOD PARK S  
NORWOOD, MA 02062 US

**FEI Number: 85-4188318**

**Certificate of Status Desired: No**

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

VCORP SERVICES, LLC  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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 POINTE GROUP CARE, LLC  
Address 320 NORWOOD PARK S  
City-State-Zip: NORWOOD MA 02062

*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: POINTE GROUP CARE, LLC**

**MGR**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date