## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000389569

Entity Name: VILLA PALMS ASSISTED LIVING LLC

**Current Principal Place of Business:** 

6722 WINKLER RD FORT MYERS. FL 33919

**Current Mailing Address:** 

10275 NW 46TH ST SUNRISE, FL 33351 US

FEI Number: 85-4373847 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHRIVASTAVA, ABHISHEK 10275 NW 46TH ST SUNRISE, FL 33351 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: ABHISHEK SHRIVASTAVA 04/23/2024

Electronic Signature of Registered Agent

Date

FILED Apr 23, 2024

**Secretary of State** 

4115234570CC

Authorized Person(s) Detail:

Title AMGR Title AMGR

Name SHRIVASTAVA, ABHISHEK Name BAJAJ, AJAY
Address 10275 NW 46TH ST Address 4 REID AVE

City-State-Zip: SUNRISE FL 33351 City-State-Zip: BELLE MEAD NJ 08502

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: ABHISHEK SHRIVASTAVA

**AMGR** 

04/23/2024