2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2024
Secretary of State
0219467866CC

DOCUMENT# L21000165401

Entity Name: SISTERS ASSISTED LIVING LLC

Current Principal Place of Business:

924 N MAGNOLIA AVE
202
ORLANDO, FL 32803

Current Mailing Address:

924 N MAGNOLIA AVE
202
ORLANDO, FL 32803

FEI Number: 87-1637548

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGER, GUITO
771 SOUTH KIRKMAN RD
120
ORLANDO, FL 32811 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	LEGER, JULIE
Address	900 WILSON RIDGE DRIVE. APT. 1626
City-State-Zip:	ORLANDO FL 32818

Title	AMBR
Name	LEGER, SOPHONIE
Address	130-44, 236 STREET
City-State-Zip:	LAURELTON NY 11422

Title	AMBR
Name	LEGER, MANOUCHE
Address	923 2ND STREET APT. B
City-State-Zip:	WEST PALM BEACH FL 33401

Title	AMBR
Name	LEGER DESULME, CHRISNA
Address	2031 CLAPPER TRAIL
City-State-Zip:	APOPKA FL 32703

Title	AMBR
Name	JEAN DENIS, MONIQUE
Address	8837 SCENIC VISTA CT
City-State-Zip:	ORLANDO FL 32818

Title	AMBR
Name	LEGER JEAN FRANCOIS, WILTA
Address	7243 WOODHILL PARK DRIVE APT. 417
City-State-Zip:	ORLANDO FL 32818

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: JULIE LEGER MGR 04/14/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date