

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000380103

**Entity Name:** ST FRANCES ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

341 SHADY LANE RD  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

341 SHADY LANE RD  
PALM SPRINGS, FL 33461 US

**FEI Number:** 87-2379626

**Certificate of Status Desired:** No

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

SHIGALI, JANE  
341 SHADY LANE RD  
PALM SPRINGS, FL 33461 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:** JANE SHIGALI

10/11/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHIGALI, JANE  
Address 341 SHADY LANE RD  
City-State-Zip: PALM SPRINGS FL 33461

*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:** JANE SHIGALI

MGR

10/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date