

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90123 007 ****55.00

DOCUMENT # L00000014129

1. Entity Name
LSL OF LARGO, FL-ALF, LLC.



Principal Place of Business
**2150 GOODLETTE RD. STE 600
NAPLES FL 34102**

Mailing Address
**2150 GOODLETTE RD. STE 600
NAPLES FL 34102**

2. Principal Place of Business
**3073 HORSESHOE DR., So.
Suite, Apt. #, etc.
100**

3. Mailing Address
**3073 HORSESHOE DR., So.
Suite, Apt. #, etc.
100**

City & State
NAPLES FL

City & State
NAPLES FL

Zip Country
34104 USA

Zip Country
34104 USA

4. FEI Number **52-2277453**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **LIBERTY SENIOR LIVING INC A VIRGINIA CORP.**
STREET ADDRESS **2150 GOODLETTE RD, STE 600**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
NAME **3073 HORSESHOE DR., So., STE. 100**
STREET ADDRESS **NAPLES, FL 34104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

4/10/03 239 262-8006

CR2E083 (10/02)