2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (USR)  DOCUMENT # L020000006272  L- Entity American Living American Liv	2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)											
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S. Certificate of Status Desired   S. Certificate of Status Desired   S. S. Certificate of Status Desired	Suite, Apt. #, etc.					- <u>-</u>			HECK HERE IF I	<u> </u>		_
S. Certificate of Status Deserted  Figures 1. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name David M. Mitchell, Fsq.  Steel Adjoints (P. Dav Number in Net Acceptable) 22. South Links Avenue, Suite 300  City Sarasota  City Sarasota  File 279 50:23 56  A. The above named entity submits this datement for the purpose of changing its registered agent, or both, in the State of Florida. Item familiar with, and accept the chigations of pertinence agent, and the chigations of pertinence agent, and the chigations of pertinence agent.  Signature  Figures. To the language of submers agent and the fact date.  But Styling I FEEL Scale and Date Florida. Item familiar with, and accept the chigations of pertinence agent. The chigations of pertinence agent. The chigations of pertinence agent.  Signature  Figures. To the language of pertinence agent.  MANAGING MEMBERS. MANAGENS  The Store Adjuster agent, or both, in the State of Florida. Item familiar with, and accept the chigations of pertinence agent. The state of Florida. Item familiar with, and accept the chigations of pertinence agent. The state of Florida. Item familiar with, and accept the chigations of pertinence agent. The state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the state of Florida. Item familiar with, and accept the familiar with a florida state of Florida. Item familiar with, and accept the familiar with, and accept the familiar with a florida state of Florida. Item familiar with, and accept the familiar with a florida state of Florida. Item familiar with, and accept the familiar with a florida	City & Stat	le 		City & State				4. FEI Number		<del>     </del>	<del>``</del>	
Name   David M. Mitchell, Esc.	Zip		Country	Zìp	Ço	untry		5. Certificate of Sta	tus Desired			
David M. Mitchell, Esc.  Street Aggress (P.O. Box Number is Not Acceptable)  22 South Links Avenue, Suite 300  City Sarasota FL 2693236  8. The above noned early submits his 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 yet/preced agent.  SIGNATURE  **The Applications of yet/preced agent.**  **POTE Registered Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of yet/preced agent.  **POTE Registered Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of yet/preced agent.  **POTE Registered Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of yet/preced agent.  **POTE Registered Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of yet/preced agent.  **POTE Registered Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the object of the State of		6. Name ar	nd Address of Curre	ent Registered Agent				7. Name and Addr	ess of New Regi	stered Agent		]
Street Agrices (P.O. Box Number is Not Acceptable)  22 South Links Avenue, Suite 300  City Sarasota  FL 25 542.36  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footal, I am familiar with, and accept the deligipations of permylegered agent. Which is the state of Footal, I am familiar with, and accept the deligipations of permylegered agent. Which is the state of Footal Policy of May 1.003  SIGNATURE  SIGNATURE  MANAGING MEMBERS (MANAGERS)  9. MANAGING MEMBERS (MANAGERS)  10. MANAGERS (MANAGERS)  10	BUSTARD.	R. DAVID				Name ,	David	l M. Mitche	11. Esq.			1
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8. The above number entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of purposed agent.  SIGNATURE  SIGNATUR	SARASOTA	L, FL 34236	•			<b>—</b>	22 <u>S</u> C	outh Links	Avenue,	<u>Suite 300</u>		-
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of professed agent, or both, in the State of Florids. I am familiar with, and accept the obligations of professed agent. Which is primal rame of agenteent agent and life it as is called in the state of Florids. I am familiar with, and accept the obligations of professed agent						City	Saras	sota		FL Zip 32	<b>9</b> 236	1
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THILE  MAME  STREET ADDRESS  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(3Xi), 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:  SYLVIA M. Goldman, Manager	TITLE NAME STREET ADDRESS			☐ Dele	#e 11	TLE AME HEET ADDRESS	<u> </u>			☐ Change	Addition	
signature:  Signat	TITLE NAME STREET ADDRESS			□ Dele	te tr	TLE UME PREET ADDRÉSS	<u> </u>			☐ Change	Addition	
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