

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90020 014 ****50.00

0072419

DOCUMENT # L02000023984

1. Entity Name

ALLIANCE SENIOR SERVICES AT FORSYTH HOUSE, LLC



Principal Place of Business

**5887 BERRYHILL ROAD
MILTON FL 32583**

Mailing Address

**11030 N 130TH WAY
SCOTTSDALE AZ 85259**

30053687

2. Principal Place of Business

3. Mailing Address

150 CROSSVILLE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT FL

Zip

Country

32533

Country

USA

4. FEI Number

51-0425774

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

**FINANCIAL FOUNDATION, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **WARREN K. JERREMS**

Street Address (P.O. Box Number is Not Acceptable)

150 CROSSVILLE ST

City **CANTONMENT**

FL

Zip Code **32533**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JERREMS, WARREN K**
STREET ADDRESS **11030 N 130TH WAY**
CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE **MGR** ☐ Delete
NAME **ALLEN, WILLIAM G**
STREET ADDRESS **117 MOONLIGHT DR.**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 CROSSVILLE ST**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/18/03

CR2E083 (10/02)