## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079483

Entity Name: TYRONE ASSISTED SERVICES, LLC

**FILED** Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

777 S. HARBOUR ISLAND BLVD. 1120 E. TWIGGS ST. SUITE 260

SUITE 107 TAMPA, FL 33602 TAMPA, FL 33602

**Current Mailing Address: New Mailing Address:** 

777 S. HARBOUR ISLAND BLVD. 1120 E. TWIGGS ST.

SUITE 107 SUITE 260 TAMPA, FL 33602 TAMPA, FL 33602 US US

FEI Number: 86-1119453 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEMARCAY, MICHAEL C DEMARCAY, MICHAEL C 777 S. HARBOUR ISLAND BLVD. 1120 E. TWIGGS ST. SUITE 107 SUITE 260 TAMPA, FL 33602 US TAMPA, FL 33602 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: MICHAEL C. DEMARCAY 03/25/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete SENIOR ASSISTED MANA, GEMENT, LLC SENIOR ASSISTED MANA, GEMENT, LLC Name: Name:

Address: 777 S. HARBOUR ISLAND BLVD., SUITE 260 Address: 1120 E. TWIGGS ST., SUITE 107

City-St-Zip: TAMPA, FL 33602 US City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL C. DEMARCAY **MGRM** 03/25/2009