

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079483

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** TYRONE ASSISTED SERVICES, LLC

**Current Principal Place of Business:**

1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602 US

**New Principal Place of Business:**

1120 E. KENNEDY BLVD.  
207  
TAMPA, FL 33602 US

**Current Mailing Address:**

1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602 US

**New Mailing Address:**

1120 E. KENNEDY BLVD.  
207  
TAMPA, FL 33602 US

**FEI Number:** 86-1119453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMARCA, MICHAEL C  
1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602 US

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

DEMARCA, DAVID  
1120 E. KENNEDY BLVD.  
207  
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: DAVID DEMARCA

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SENIOR ASSISTED MANAGEMENT, LLC  
Address: 1120 E. KENNEDY BLVD. #207  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 DEMARCA

MM

04/23/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date