

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104514

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** CARRIAGE HOUSE ASSISTED LIVING FACILITIES LLC

**Current Principal Place of Business:**

1832 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1832 COUNTRY CLUB DRIVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 20-3324871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUDZIAK, MONA  
1880 KNOX MCRAE DRIVE  
# D206  
TITUSVILLE, FL 32780 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RUDZIAK, MONA E  
Address: 1880 KNOX MC RAE DR. #D206  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM  
Name: HARRIS, ANNE  
Address: 1832 COUNTRY CLUB DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

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: MONA RUDZIAK

P

02/22/2012

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