

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000106099

1. Entity Name
FSL-OCOE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 8:52

Principal Place of Business
1556 MAGUIRE ROAD
OCOE, FL 34761

Mailing Address
100 2ND AVENUE SOUTH
SUITE 901S
ST PETERSBURG, FL 33701 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3695538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FOUNDATION FOR SENIOR LIVING, LLC
STREET ADDRESS 360 CENTRAL AVENUE, SUITE 1550
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME MADONNA, HARRY D.
STREET ADDRESS 360 CENTRAL AVE., STE 1550
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ Change ☒ Addition

TITLE MGR
NAME ADMINISTRATOR
STREET ADDRESS 1556 MAGUIRE ROAD
CITY-ST-ZIP OCOEE, FL 34761 ☐ Change ☒ Addition

TITLE MGR
NAME DIRECTOR OF NURSING
STREET ADDRESS 1556 MAGUIRE ROAD
CITY-ST-ZIP OCOEE, FL 34761 ☐ Change ☒ Addition

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

HARRY DILLON MADONNA 7/5/06