

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058390

FILED
Jun 03, 2009
Secretary of State

Entity Name: VERO BEACH ASSISTED LIVING LLC

Current Principal Place of Business:

3250 QUAY DOCK RD.
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

3250 QUAY DOCK RD.
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 16-1762644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOLEDO, SILMARA
3175 69TH ST.
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

TOLEDO, SILMARA
3250 QUAY DOCK RD.
VERO BEACH, FL 32967 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:

06/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOLEDO, SILMARA
Address: 3175 69TH ST.
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM () Delete
Name: SOSA, MELISSA
Address: 3175 69TH ST.
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOLEDO, SILMARA
Address: 3250 QUAY DOCK RD.
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM (X) Change () Addition
Name: SOSA, MELISSA
Address: 3250 QUAY DOCK RD.
City-St-Zip: VERO BEACH, FL 32967

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: SILMARA TOLEDO

MGR

06/03/2009

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