

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111632

FILED
May 01, 2010
Secretary of State

Entity Name: FLORIDA ASSISTED LIVING HOMES, LLC

Current Principal Place of Business:

2204 PARSONS AVE
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

181 CASSEEEKEE TRAIL
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 20-5948204 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HYVONEN, CHRISTOPHER M
181 CASSEEEKEE TRAIL
MELBOURNE BEACH, FL 32951 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: HYVONEN, CHRISTOPHER M
Address: 181 CASSEEEKEE TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGRM
Name: KINRADE, THOMAS W
Address: 181 CASSEEEKEE TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGRM
Name: KINRADE, EUNICE R
Address: 181 CASSEEEKEE TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951 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: CHRISTOPHER HYVONEN

MGRM

05/01/2010

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