

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111632

**FILED**  
**Apr 04, 2011**  
**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 ( )**

**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: CHRIS HYVONEN

MGRM

04/04/2011

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