

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006767

FILED
Jun 25, 2009
Secretary of State

Entity Name: SENIOR LIVING OPTIONS, LLC

Current Principal Place of Business:

#503, 4828 N. KINGS HIGHWAY
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

#503, 4828 N. KINGS HIGHWAY
FORT PIERCE, FL 34951

New Mailing Address:

4801 SNAIL KITE LANE
FORT PIERCE, FL 34951 US

FEI Number: 26-1815938 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:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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 () Delete
Name: FINDLAY, LAURETTA
Address: #503, 4828 N. KINGS HIGHWAY
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURETTA FINDLAY

MGRM

06/25/2009

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