

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058227

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** ADKINSON ASSISTED LIVING FACILITIES, LLC

**Current Principal Place of Business:**

284 CYPRESS TRACE  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

2050 58TH STREET NORTH  
CLEARWATER, FL 33760 US

**Current Mailing Address:**

284 CYPRESS TRACE  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

**FEI Number:** 26-2800923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLASTERSTEIN, NOEL H  
2240 BELLEAIR ROAD  
190  
CLEARWATER, FL 33764 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:** MGR  
**Name:** ADKINSON, GARY A  
**Address:** 284 CYPRESS TRACE  
**City-St-Zip:** TARPON SPRINGS, FL 34688 US

**Title:** MGRM  
**Name:** ADKINSON, MARIA G  
**Address:** 284 CYPRESS TRACE  
**City-St-Zip:** TARPON SPRINGS, FL 34688 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: GARY ADKINSON

MGR

02/21/2012

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