

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019655

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ACCESS CARE ADULT LIVING FACILITY, LLC

**Current Principal Place of Business:**

30946 BURLEIGH DRIVE  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

30946 BURLEIGH DRIVE  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 27-5468415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPELLMAN, KARL A JR  
15350 AMBERLY DRIVE  
#2914  
TAMPA, FL 33647 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: SPELL'S LLC  
Address: 15350 AMBERLY DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR  
Name: KEYES, TOYKIA M MBA  
Address: 30946 BURLEIGH DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: KARL A SPELLMAN

OWNE

04/28/2011

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