

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021383

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** NUEVO HORIZONTE ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

8111 NORTH OLA AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

8111 NORTH OLA AVE  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 26-4530669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, NEISY  
8111 NORTH OLA AVE  
TAMPA, FL 33604 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: MUNOZ, NEISY  
Address: 8111 NORTH OLA AVE  
City-St-Zip: TAMPA, FL 33604

Title: MGRM  
Name: MUNOZ, NEISY  
Address: 502 WEST SITKA STREET  
City-St-Zip: TAMPA, FL 33604

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: NEISY MUNOZ

MGRM

04/26/2010

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