

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129548

FILED
Apr 09, 2012
Secretary of State

Entity Name: CITY OF HOPE ASSISTED LIVING, LLC

Current Principal Place of Business:

4138 SW STATE ROAD 247
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

4138 SW STATE ROAD 247
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 90-0682438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLCOMB, ROBIN S
4138 SW STATE ROAD 247
LAKE CITY, FL 32024 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: HOLCOMB, ROBIN S
Address: 4138 SW STATE ROAD 247
City-St-Zip: LAKE CITY, FL 32024

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: ROBIN S. HOLCOMB

MGR

04/09/2012

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