

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000028396

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** PATH OF LIFE ASSISTED LIVING LLC

**Current Principal Place of Business:**

17535 WEST SYCAMORE DRIVE  
WEST PALM BEACH, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

17535 WEST SYCAMORE DRIVE  
WEST PALM BEACH, FL 33470

**New Mailing Address:**

**FEI Number:** 30-0512627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACK MANAGEMENT SERVICES TRUST  
2500 QUANTUM LAKES DRIVE, SUITE 203  
BOYNTON BEACH, FL 33426 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:** HERNANDEZ, JESSICA B  
**Address:** 17535 WEST SYCAMORE DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33470

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: JESSICA HERNANDEZ

MGRM

03/28/2012

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