

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104191

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** NEW TAMPA ASSISTED LIVING COMMUNITY LLC

**Current Principal Place of Business:**

13625 N FLORIDA AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

13625 N FLORIDA AVENUE  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 45-3216329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAIRIGH, RAYMOND L SR  
13625 N FLORIDA AVENUE  
TAMPA, FL 33613 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:** RAIRIGH, RAYMOND L SR  
**Address:** 13625 N FLORIDA AVENUE  
**City-St-Zip:** TAMPA, FL 33613

**Title:** MGRM  
**Name:** RONALD L ROSEMAN REVOCABLE TRUST  
**Address:** 13625 N FLORIDA AVENUE  
**City-St-Zip:** TAMPA, FL 33613

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: RAYMOND L. RAIRIGH, SR.

MGRM

03/30/2012

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