2001	UNIFORM BUS	INESS REPO	RT (UBR)	, T			022651	
1. Entity Name	MENT # L990(SENIORS, LLC				FILED				
					01	FEB 12 AM 9:	58		
Principal Place of Business Mailing Address 3931 RORFRTS POINT ROAD P.O. BOX 5088				•	SEGRETARY OF STATE				
3931 ROBERTS POINT ROAD P.O. BOX 5088 SARASOTA FL 34242 SARASOTA FL 34277-5088						SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State	9	City & State			4. FEI Number 65-0920782 Applied For Not Applicable				
Zip Country		Zip Coun		, .	5. Certificate of Status Desired \$5.00 Additional Fee Required		ditional		
	6. Name and Address of Curren	Registered Agent Name		Name	7. Name and Address of New Registered Agent				
BOYARSKY, ANDREW D				Street Address (P.O. Box Number is Not Acceptable)					
	BERTS POINT ROAD 'A FL 34242	• -	F						
JAINOOI	A LE OTETE		-	City FL Zip Code					
8. The above	named entity submits this statement	for the purpose of changing its	registered	office or registe	ered agent, o	or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered age:	nt and title if applicable (NOTE	: Registered A	gent signature require	d when reinstati	 	DATE		
د سده ۱۶۰۰ س	T			EE IS \$50.00 Department		700003 -02/20 *****	/0101088-	-025 *50.00	
9.	MANAGING MEM	·	10.			ADDITIONS/C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Boyarsky, andrew D 3931 Roberts Point Road Sarasota FL 34242	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP			. Change	☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	س معتمد فالتعميث ما مغير والتعمير	☐ Delete =	NAME	ADDRESS T-ZIP			☐ Change	☐ Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS T-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET	ADDRESS T-ZIP	W		☐ Change	Addition	
TITLE		☐ Delete	TITLE		•		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-ST	ADDRESS T-ZIP			1.		
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET . CITY-ST	ADDRESS T-ZIP	•	;		i	
indicated	certify that the information supplied we on this report is true and accurate arbility company or the receiver or trust	d that my signature shall have t	the same le	egal effect as if	made under oter 608, Flo	oath; that I am a managir	ng member or manag	information er of the	
SIGNAT	URE:	OF SIGNING MANAGING MEMBER, MAN	VAGER, OR AL	ITARW I		y resident	Caytime Phone #		