

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000061919

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** L & L ASSISTED LIVING COMMUNITY, INC.

**Current Principal Place of Business:**

2039 CENTRE POINTE BLVD., STE 201  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

4211 CHAIRES CROSS ROAD  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

2039 CENTRE POINTE BLVD., STE 201  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 26-2886709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBERG, STUART E  
LAW OFFICES OF STUART E. GOLDBERG, P.L.  
2039 CENTRE POINTE BLVD SUITE 201  
TALLAHASSEE, FL 32308 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KABIA-LAMANGO, LINDA  
Address: 8073 PRESERVATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DST  
Name: LAMANGO, NAZARIUS S  
Address: 8073 PRESERVATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA KABIA-LAMANGO

DP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date