

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000025854

**Entity Name:** LIZANDRA ASSISTED LIVING FACILITY INC

**Current Principal Place of Business:**

8507 N 28 ST  
TAMPA, FL 33604

**Current Mailing Address:**

8507 N 28 ST  
TAMPA, FL 33604 US

**FEI Number: 85-0527534**

**Certificate of Status Desired: No**

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

CALZADILLA, LIZANDRA MISS  
8507 N 28 ST  
TAMPA, FL 33604 US

*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

**Officer/Director Detail :**

Title P  
Name CALZADILLA, LIZANDRA  
Address 8507 N 28 ST  
City-State-Zip: TAMPA FL 33604

Title VPS  
Name RAMIREZ, LISBET  
Address 14127 STONEGATE DRIVE  
City-State-Zip: TAMPA FL 33624

Title T  
Name LIZANDRA CALZADILLA  
Address 8507 N 28 ST  
City-State-Zip: TAMPA FL 33604

*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: LIZANDRA CALZADILLA**

**OWNER**

**01/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date