

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003567

Entity Name: FLORIDA SENIOR LIVING, LLC

Current Principal Place of Business:

1175 PEACHTREE ST., NE
SUITE 350
ATLANTA, GA 30361

Current Mailing Address:

P. O. BOX 8779
ATLANTA, GA 31106 US

FEI Number: 13-4236593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLURE, JOHN KESQ
211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870 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

Authorized Person(s) Detail :

Title MGRM
Name MCMULLAN, JOHN E
Address 1175 PEACHTREE STREET NE SUITE
350
City-State-Zip: ATLANTA GA 30361

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN E. MCMULLAN

MM

03/29/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date