

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014042

Entity Name: CYPRESS CREEK ASSITED LIVING RESIDENCE
MANAGEMENT, LLC**Current Principal Place of Business:**970 CYPRESS VILLAGE BLVD.
SUN CITY CENTER, FL 33573**Current Mailing Address:**970 CYPRESS VILLAGE BLVD.
SUN CITY CENTER, FL 33573**FEI Number: 14-1843391****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIGGINS, JAMES J
970 CYPRESS VILLAGE BLVD.
SUN CITY CENTER, FL 33573 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	BIGGINS, JAMES J
Address	970 CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	MGRM
Name	BIGGINS, KRISTIN
Address	970 CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	MGRM
Name	BIGGINS, KIMBERLY
Address	970 CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	MANAGING MEMBER
Name	BIGGINS, MICHAEL R
Address	970 CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573

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: JAMES J BIGGINS**PRESIDENT****01/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date