

2025 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:

GOLSON, W. GREGORY
17425 BRIDGE HILL COURT
SUITE 202
TAMPA, FL 33647 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: W. GREGORY GOLSON

04/28/2025

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 BIGGINS

MGRM

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date