

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016678

Entity Name: HARBOR ASSISTED LIVING, LLC

Current Principal Place of Business:

1440 HIGHWAY A1A
VERO BEACH, FL 32963

Current Mailing Address:

1440 HIGHWAY A1A
VERO BEACH, FL 32963

FEI Number: 20-0130605

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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	PRESIDENT	Title	VICE PRESIDENT
Name	SMICK, TIMOTHY S	Name	HANSON, SARABETH
Address	1440 HIGHWAY A1A	Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963
Title	SECRETARY, VICE PRESIDENT	Title	TREASURER
Name	JENNINGS, CHARLES	Name	MITCHELL, THOMAS
Address	1440 HIGHWAY A1A	Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963	City-State-Zip:	VERO BEACH FL 32963
Title	ASSISTANT SECRETARY		
Name	COLLINS, CHRIS		
Address	1440 HIGHWAY A1A		
City-State-Zip:	VERO BEACH FL 32963		

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: THOMAS MITCHELL

TREASURER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date