

2015 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.
155 OFFICE PLAZA DRIVE
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
Name SMICK, TIMOTHY S
Address 1440 HIGHWAY A1A
City-State-Zip: VERO BEACH FL 32963

Title VICE PRESIDENT
Name HANSON, SARABETH
Address 1440 HIGHWAY A1A
City-State-Zip: VERO BEACH FL 32963

Title SECRETARY, VICE PRESIDENT
Name JENNINGS, CHARLES
Address 1440 HIGHWAY A1A
City-State-Zip: VERO BEACH FL 32963

Title TREASURER
Name MITCHELL, THOMAS
Address 1440 HIGHWAY A1A
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

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date