

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016838

Entity Name: ORLANDO SENIOR ASSISTANT CARE, LLC

Current Principal Place of Business:

117 LEONARD CT.
ORLANDO, FL 32811

Current Mailing Address:

PO BOX 616777
ORLANDO, FL 32861

FEI Number: 20-4317458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLOTTE TURNER
117 LEONARD CT
ORLANDO, FL 32811 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 TURNER, CHARLOTTE H
Address 117 LEONARD CT
City-State-Zip: ORLANDO FL 32811

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: CHARLOTTE TURNER

MANAGING MEMBER

04/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date