

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060048

**Entity Name:** ACLARIS GROUP HOME LLC

**Current Principal Place of Business:**

8910 N DALE MABRY HWY SUITE 23  
TAMPA, FL 33614

**Current Mailing Address:**

8910 N DALE MABRY HWY SUITE 23  
TAMPA, FL 33614

**FEI Number:** 90-0338511

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALBIZU, CLARISVEL  
8910 N DALE MABRY HWY SUITE 23  
TAMPA, FL 33614 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	P	Title	VP
Name	ACOSTA ALBIZU, CLARISVEL	Name	CLAYMI, CORA
Address	7711 N ROME AVE	Address	7711 N ROME AVE
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLARISVEL ACOSTA ALBIZU

**OFFICE**

**01/27/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date