

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112499

Entity Name: THE LONG TERM CARE LADY, LLC

Current Principal Place of Business:

4949 23RD AVE SW
NAPLES, FL 34116

Current Mailing Address:

P.O. BOX 9041
NAPLES, FL 34101 US

FEI Number: 26-3845635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASHBURN, JANET M
4949 23RD AVE SW
NAPLES, FL 34116 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	Title	MGRM
Name	WASHBURN, JAMES	Name	WASHBURN, JANET
Address	4949 23RD AVE SW	Address	4949 23RD AVE SW
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

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: JANET M WASHBURN

REGISTERED AGENT

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date