

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111322

**Entity Name:** VANDERBILT BEACH ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

517 100TH AVE N  
NAPLES, FL 34108

**Current Mailing Address:**

517 100TH AVE N  
NAPLES, FL 34108 US

**FEI Number:** 27-1335994

**Certificate of Status Desired:** Yes

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

MEDRANO, SANDRA  
517 100TH AVE N  
NAPLES, FL 34108 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 HESTER, DOROTHY  
Address 517 100TH AVE N  
City-State-Zip: NAPLES FL 34108

Title MGRM  
Name MEDRANO, SANDRA  
Address 517 100TH AVE N  
City-State-Zip: NAPLES FL 34108

*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:** SANDRA MEDRANO

**OWNER**

**03/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date