

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071218

**Entity Name:** ANA ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

140 OAXACA LANE  
KISSIMMEE, FL 34743

**Current Mailing Address:**

140 OAXACA LANE  
KISSIMMEE, FL 34743

**FEI Number:** 27-3035727

**Certificate of Status Desired:** No

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

VASQUEZ, ANA M  
140 OAXACA LANE  
KISSIMMEE, FL 34743 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 MGR  
Name VASQUEZ, ANA M  
Address 140 OAXACA LANE  
City-State-Zip: KISSIMMEE FL 34743

*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:** ANA M VASQUEZ

**MANAGER**

**04/29/2018**

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

\_\_\_\_\_  
Date