

2016 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

OWNER

02/08/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date