

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129548

**Entity Name:** CITY OF HOPE ASSISTED LIVING, LLC

**Current Principal Place of Business:**

4138 SW STATE ROAD 247  
LAKE CITY, FL 32024

**Current Mailing Address:**

4138 SW STATE ROAD 247  
LAKE CITY, FL 32024

**FEI Number:** 45-1584401

**Certificate of Status Desired:** Yes

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

HOLCOMB, ROBIN S  
4138 SW STATE ROAD 247  
LAKE CITY, FL 32024 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 HOLCOMB, ROBIN S  
Address 4138 SW STATE ROAD 247  
City-State-Zip: LAKE CITY FL 32024

*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:** ROBIN S. HOLCOMB

MGR

04/14/2014

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

\_\_\_\_\_ Date