

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048667

**Entity Name:** RETIREMENT COMMUNITIES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

5400 WATER OAK LANE  
UNIT 105  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO BOX 37523  
JACKSONVILLE, FL 32236 US

**FEI Number:** 45-5064250

**Certificate of Status Desired:** No

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

TINGLE, BEN  
5400 WATER OAK LANE  
UNIT 105  
JACKSONVILLE, FL 32210 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 TINGLE, BEN  
Address PO BOX 37523  
City-State-Zip: JACKSONVILLE FL 32236

Title AUTHORIZED MEMBER  
Name HATLEY, RHONDA  
Address PO BOX 37523  
City-State-Zip: JACKSONVILLE FL 32236

*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:** RHONDA HATLEY

**AUTHORIZED MEMBER**

**03/10/2015**

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

\_\_\_\_\_  
Date