

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048667

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

**Current Principal Place of Business:**

915 OCEAN SHORE BLVD #102  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

PO BOX 422673  
ATLANTA, GA 30342

**FEI Number:** 45-5064250

**Certificate of Status Desired:** No

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

TINGLE, BEN  
915 OCEAN SHORE BLVD #102  
ORMOND BEACH, FL 32176 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 915 OCEAN SHORE BLVD #102  
City-State-Zip: ORMOND BEACH FL 32176

Title MGR  
Name HATLEY, RHONDA  
Address 915 OCEAN SHORE BLVD #102  
City-State-Zip: ORMOND BEACH FL 32176

*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:** RHONDA HATLEY

**MEMBER**

**04/11/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date