

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000059813

Entity Name: ASSISTED LIVING SERVICES OF FLORIDA LLC

Current Principal Place of Business:

1750 N FLORIDA MANGO RD
406
WPB, FL 33409

Current Mailing Address:

1750 N FLORIDA MANGO RD
406
WPB, FL 33409 US

FEI Number: 46-0711175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A PLUS COMPUTER SOLUTIONS LLC
1750 N FLORIDA MANGO RD
406
WPB, FL 33409 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 A PLUS COMPUTER SOLUTIONS LLC
Address 1750 N FLORIDA MANGO RD
406
City-State-Zip: WPB FL 33409

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: TODD TRAHAN

MGRM

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date