

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000133233

Entity Name: GREENACRES ADULT DAY CARE LLC

Current Principal Place of Business:

6623 FOREST HILL BLVD,
GREENACRES, FL 33413

Current Mailing Address:

6623 FOREST HILL BLVD,
GREENACRES, FL 33413 US

FEI Number: 46-1488198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MISTRY, SANDHYA K
6623 FOREST HILL BLVD,
GREENACRES, FL 33413 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 MISTRY, SANDHYA K
Address 3083 STRAWFLOWER WAY
City-State-Zip: LAKE WORTH FL 33467

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: SANDHYA K MISTRY

MGR/ADMINISTRATOR

03/01/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date