

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092628

**Entity Name:** LOVING HANDS ADULT FAMILY HOME LLC

**Current Principal Place of Business:**

112 RED ROSE CIRCLE  
ORLANDO, FL 32835

**Current Mailing Address:**

112 RED ROSE CIRCLE  
ORLANDO, FL 32835 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KHAN, DHANWANTIE  
112 RED ROSE CIRCLE  
ORLANDO, FL 32835 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	AP	Title	MGR
Name	KHAN, DHANWANTIE	Name	KHAN, RAVINA
Address	112 RED ROSE CIRCLE	Address	112 RED ROSE CIRCLE
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*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:** RAVINA KHAN

**MANAGER**

**04/20/2015**

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

\_\_\_\_\_  
Date