

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000115816

Entity Name: ESSEN ASSISTED LIVING AND MEMORY CARE LLC**Current Principal Place of Business:**2100 SHANTINIKETAN BLVD
TAVARES, FL 32778**Current Mailing Address:**2100 SHANTINIKETAN BLVD
TAVARES, FL 32778 US**FEI Number:** 47-1553963**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHANTINIKETAN INCORPORATED
2100 SHANTINIKETAN BLVD
TAVARES, FL 32778 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:** JEFFREY IGNATIUS

06/29/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP, SECRETARY
Name IGNATIUS, JEFFREY
Address 2100 SHANTINIKETAN BLVD
City-State-Zip: TAVARES FL 32778

Title PRESIDENT
Name IGNATIUS, IGGY
Address 2100 SHANTINIKETAN BLVD
City-State-Zip: TAVARES FL 32778

Title AMBR
Name PATEL, SUKETU
Address 1437 HEMPEL AVE
City-State-Zip: WINDERMERE FL 34786

Title AMBR
Name SUBRAMONY, DORASWAMY
Address 2602 SHANTHINIKETHAN BLVD
City-State-Zip: TAVARES FL 32778

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: IGGY IGNATIUS

PRESIDENT

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date