

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000196983

Entity Name: MAGNOLIA HOUSE ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

103 YACHT HAVEN DRIVE
COCOA BEACH, FL 32931

Current Mailing Address:

8924 PUERTO DEL RIO DRIVE
UNIT 503
CAPE CANAVERAL, FL 32920 US

FEI Number: 47-3382598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPMAN, MARYCAROL R
8924 PUERTO DEL RIO DRIVE
UNIT 503
CAPE CANAVERAL, FL 32920 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 AMBR
Name CHAPMAN, MARYCAROL R
Address 8924 PUERTO DEL RIO DRIVE
503
City-State-Zip: CAPE CANAVERAL FL 32920

Title AMBR
Name CHAPMAN, MICHAEL R
Address 8924 PUERTO DEL RIO DRIVE
UNIT 503
City-State-Zip: CAPE CANAVERAL FL 32920

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: MARYCAROL R CHAPMAN R.N.

OWNER/ADMINISTRATOR 04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date