

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000196983

**Entity Name:** MAGNOLIA HOUSE ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

8924 PUERTO DEL RIO DRIVE,  
UNIT 503 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 CHAPMAN R.N.

**OWNER**

**04/23/2019**

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

\_\_\_\_\_  
Date