

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000009083

Entity Name: ELDERLY PRIDE ASSISTED LIVING LLC II

Current Principal Place of Business:

306 W GRANT STREET
PLANT CITY, FL 33563

Current Mailing Address:

306 W GRANT STREET
PLANT CITY, FL 33563 US

FEI Number: 47-2851826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KADIRI, DAVID AGBARUMHI SIR.
306 W GRANT STREET
PLANT CITY, FL 33563 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: DAVID A KADIRI

01/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR, /ADMINISTRATOR
Name KADIRI, DAVID A MR.
Address 306 W GRANT STREET
City-State-Zip: PLANT CITY FL 33563

Title AMBR
Name KADIRI, PRISCILLA A RN
Address 306 W GRANT STREET
City-State-Zip: PLANT CITY FL 33563

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: DAVID A KADIRI

ADMINISTRATOR

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date