

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000051108

**Entity Name:** ACACIA GROVE ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

2485 RIDGECREST AVE.  
ORANGE PARK, FL 32065

**Current Mailing Address:**

2485 RIDGECREST AVE.  
ORANGE PARK, FL 32065

**FEI Number:** 47-3534698

**Certificate of Status Desired:** No

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

ARIAS, DOROTHY M  
2650 WATERSTONE DR  
ORANGE PARK, FL 32073 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           | MGR                  | Title           | MGR                   |
| Name            | ARIAS, RAFAEL A      | Name            | ARIAS, DOROTHY M MRS  |
| Address         | 2650 WATERSTONE DR   | Address         | 2650 WATERSTONE DRIVE |
| City-State-Zip: | ORANGE PARK FL 32073 | City-State-Zip: | ORANGE PARK FL 32073  |

*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:** DOROTHY ARIAS

**OWNER/MANAGER**

**04/02/2024**

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

\_\_\_\_\_  
Date