

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000009223

**Entity Name:** INNOVATE ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

5586 COLLINS AVE STUART  
STUART, FL 34997

**Current Mailing Address:**

2336 CENTER STONE LANE  
RIVIERA BEACH, FL 33404 US

**FEI Number:** 81-2034260

**Certificate of Status Desired:** Yes

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

BLACKWOOD, NAVIA N  
2336 CENTER STONE LANE  
RIVIERA BEACH, FL 33404 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  
Name BLACKWOOD, NAVIA N  
Address 2336 CENTER STONE LANE  
City-State-Zip: RIVIERA BEACH FL 33404

*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:** NAVIA BLACKWOOD

**ADMINISTRATOR**

**04/07/2017**

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

\_\_\_\_\_  
Date