

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000048692

Entity Name: ACCESS HEALING ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

1720 SW 56TH AVE
WEST PARK, FL 33027

Current Mailing Address:

1720 SW 56TH AVE
WEST PARK, FL 33027

FEI Number: 81-3910319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALHOUN, CHERRIANN
1720 SW 56TH AVE
WEST PARK, FL 33027 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 CALHOUN, CHERRIANN J
Address 1720 SW 56TH AVE
City-State-Zip: WEST PARK FL 33027

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: CHERRIANN CALHOUN

MGR

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date