

**2020 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:**

5340 SW 130TH AVE  
MIRAMAR, FL 33027 US

**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	Title	AUTHORIZED MEMBER
Name	CALHOUN, CHERRIANN J	Name	CALHOUN, DARIELLE
Address	1720 SW 56TH AVE	Address	1720 SW 56TH AVE
City-State-Zip:	WEST PARK FL 33027	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**

**05/25/2020**

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

\_\_\_\_\_  
Date