2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2018
Secretary of State
CC4087952487

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Entity Name: LAURIN MANOR ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

5170 SAINT JOHN AVE SOUTH
BOYNTON BEACH, FL 33472

Current Mailing Address:

125 S. STATE ROAD 7,
SUITE 104-198
WELLINGTON, FL 33414 US

FEI Number: 81-3277064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JASMIN, ELOISE
125 S STATE RD 7 STE 104-198
WELLINGTON, FL 33414 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	LAURIN-PIERRE, LYSE	Name	JASMIN, ELOISE
Address	125 S. STATE ROAD 7, SUITE 104-198	Address	125 S. STATE ROAD 7, SUITE 104-198
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
Title	AMBR	Title	AMBR
Name	PIERRE, HENRY	Name	JASMIN, JAMES
Address	125 S. STATE ROAD 7, SUITE 104-198	Address	125 S. STATE ROAD 7, SUITE 104-198
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

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: ELOISE JASMIN MANAGER 02/01/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date