

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000128365

**Entity Name:** EDEN PARADISE ASSISTED LIVING LLC

**Current Principal Place of Business:**

6 NW 35TH AVENUE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

PO BOX 1330  
ESTERO, FL 33928 US

**FEI Number:** 81-3150683

**Certificate of Status Desired:** No

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

PARKINSON, ABBUBACCA T  
20769 TORRE DEL LAGO STREET  
ESTERO, FL 33928 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:** ABBUBACCA PARKINSON

03/25/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PARKINSON, ABBUBACCA T  
Address 20769 TORRE DEL LAGO STREET  
City-State-Zip: ESTERO FL 33928

*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:** ABBUBACCA PARKINSON

OWNER

03/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date