

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000007190

**Entity Name:** GLORIA ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

5034 KATHY LN  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

5034 KATHY LN  
WEST PALM BEACH, FL 33415 US

**FEI Number:** 82-0969355

**Certificate of Status Desired:** No

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

SAJILUS, GLORIA  
5036 KATHY LN  
WEST PALM BEACH, FL 33415 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:** GLORIA SAJILUS

02/08/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAJILUS, GLORIA  
Address 5036 KATHY LN  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** GLORIA SAJILUS

MGR

02/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date