

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000007190

Entity Name: GLORIA ADULT FAMILY CARE, 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: APPLIED FOR

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: _____

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

MANAGING MEMBER

01/03/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date