

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000026589

Entity Name: SPLENDID CARE ASSISTED LIVING, LLC

Current Principal Place of Business:

849 SOUTHEAST 12TH STREET
GAINESVILLE, FL 32641

Current Mailing Address:

849 SOUTHEAST 12TH STREET
GAINESVILLE, FL 32641

FEI Number: 82-4307459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, SHAWNEISE I
849 SOUTHEAST 12TH STREET
GAINESVILLE, FL 32641 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 WILLIAMS, SHAWNEISE
Address 849 SOUTHEAST 12TH STREET
City-State-Zip: GAINESVILLE FL 32641

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: SHAWNEISE WILLIAMS

OWNER

03/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date