

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000160795

**Entity Name:** ASSISTED LIVING OF MIAMI, LLC

**Current Principal Place of Business:**

15080 SW 156TH TERRACE  
MIAMI, FL 33187

**Current Mailing Address:**

15080 SW 156TH TERRACE  
MIAMI, FL 33187

**FEI Number:** 83-1498331

**Certificate of Status Desired:** Yes

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

FIRST LEGAL, P.A.  
1930 HARRISON ST. STE 209  
HOLLYWOOD, FL 33020 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 FABRE, JOEL A.  
Address 15080 SW 156TH TERRACE  
City-State-Zip: MIAMI FL 33187

Title AMBR  
Name FABRE, GISELLE D.  
Address 15080 SW 156TH TERRACE  
City-State-Zip: MIAMI FL 33187

*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:** JOEL A. FABRE

MGR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date