#### **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000119233

Entity Name: ALL SMILES SENIOR & ADULT DAY CARE CENTER LLC

FILED
Apr 07, 2021
Secretary of State
6259185279CC

## **Current Principal Place of Business:**

1072 E VENICE AVE VENICE, FL 34285

# **Current Mailing Address:**

1072 E VENICE AVE VENICE, FL 34285 US

FEI Number: 84-1924968 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BARBEAU, GENEVIEVE M 540 CENTER ROAD VENICE, FL 34285 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 BARBEAU-NASSAR, GENEVIEVE

Address 540 CENTER RD
City-State-Zip: VENICE FL 34285

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: GENEVIEVE BARBEAU-NASSAR

OWNER/ADMINISTRATOR 04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date