**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jun 29, 2020**
**Secretary of State**
**5322662156CC**

DOCUMENT# L19000120621

**Entity Name:** CALIDORA LIVING, LLC

**Current Principal Place of Business:**

3225 S. MACDILL AVENUE
SUITE 129-149
TAMPA, FL 33629

**Current Mailing Address:**

3225 S. MACDILL AVENUE
SUITE 129-149
TAMPA, FL 33629 US

**FEI Number: 84-1815458**

**Certificate of Status Desired:** Yes

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

WADE, MEGAN A
3225 S. MACDILL AVENUE
SUITE 129-149
TAMPA, FL 33629 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 | AMBR |
| Name | WADE, MEGAN A |
| Address | 3225 S. MACDILL AVENUE<br>SUITE 129-149 |
| City-State-Zip: | TAMPA FL 33629 |

*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: MEGAN A WADE OWNER 06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date