

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000093042

Entity Name: QUALITY CARE INDEPENDENT LIVING LLC

Current Principal Place of Business:

10078 SPRING SINK ROAD
TALLAHASSEE, FL 32305

Current Mailing Address:

10078 SPRING SINK ROAD
TALLAHASSEE, FL 32305 US

FEI Number: 85-0620989

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, SHARICKA
9693 BUTTERFLY TRAIL
TALLAHASSEE, FL 32305 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: SHARICKA ANDERSON

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ANDERSON, SHARICKA
Address 9693 BUTTERFLY TRAIL
City-State-Zip: TALLAHASSEE FL 32305

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: SHARICKA ANDERSON

MANAGER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date