

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000110860

Entity Name: SILVER POINTE CARE HOME LLC**Current Principal Place of Business:**812 MAPLE FOREST AVE
MINNEOLA, FL 34715**Current Mailing Address:**812 MAPLE FOREST AVE
MINNEOLA, FL 34715**FEI Number:** 04-3686028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, MARGUERITE
812 MAPLE FOREST AVE
MINNEOLA, FL 34715 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	WALKER, MARGUERITE
Address	812 MAPLE FOREST AVE
City-State-Zip:	MINNEOLA FL 34715
Title	AMBR
Name	WALKER, JONATHAN
Address	1510 MARDEN RIDGE LOOP APT. 308
City-State-Zip:	APOPKA FL 32703

Title	AMBR
Name	WOOTEN, SHARON
Address	13241 PINYON DRIVE
City-State-Zip:	CLERMONT FL 34711
Title	AMBR
Name	WOOTEN, MARVIN
Address	13113 BANE BERRY CT
City-State-Zip:	CLERMONT FL 34711

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: MARGUERITE WALKER**MANAGER****03/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date