## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000249526

Entity Name: ELLIE'S ASSISTED LIVING LLC

**Current Principal Place of Business:** 

1840 SW JANETTE AVENUE PORT ST. LUCIE. FL 34953

**Current Mailing Address:** 

1840 SW JANETTE AVENUE PORT ST. LUCIE. FL 34953 US

FEI Number: 85-2784231 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EBANKS, ELLONIA 4290 NW 35TH AVENUE FORT LAUDERDALE, FL 33309 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: ELLONIA EBANKS 01/23/2023

Electronic Signature of Registered Agent

Date

**FILED** Jan 23, 2023

**Secretary of State** 

3531710507CR

Authorized Person(s) Detail:

Title MGR

Name EBANKS, ELLONIA Address 4290 NW 35TH AVE

City-State-Zip: FORT LAUDERDALE FL 33309

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: ELLONIA EBANKS **OWNER** Electronic Signature of Signing Authorized Person(s) Detail

01/23/2023 Date