

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000103583

**Entity Name:** THE PAVILION GROUP HOME FOR PERSONS WITH  
DISABILITIES ADP LLC

**Current Principal Place of Business:**

135 OLIVE TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

135 OLIVE TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

SANDS, NATASHA L  
135 OLIVE TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714 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: NATASHA SANDS**

**04/27/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SANDS, NATASHA L  
Address 135 OLIVE TREE CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AP  
Name SMIKLE, DEVAINA  
Address 135 OLIVE TREE CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AP  
Name SAUNDERS, DEVAIN JR  
Address 14612 CHLOE COURT  
City-State-Zip: ORLANDO FL 32826

*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: NATASHA LAVERNE SANDS**

**PRESIDENT**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date