## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000123863

Entity Name: AMBASSADOR ASSISTED LIVING FACILITY EAST, LLC

FILED
Apr 30, 2024
Secretary of State
5854517966CC

**Current Principal Place of Business:** 

2953 NW 10TH COURT FT. LAUDERDALE. FL 33311

## **Current Mailing Address:**

1427 NW 159TH LANE

PEMBROKE PINES. FL 33028

FEI Number: 92-3808117 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WOODS, MARCHEL D 1427 NW 159TH LANE PEMBROKE PINES, FL 33028 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 WOODS, CLARENCE E III
Address 1427 NW 159TH LANE

City-State-Zip: PEMBROKE PINES FL 33028

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: CLARENCE E. III WOODS

MANAGING MEMBER

04/30/2024