

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000419828

**Entity Name:** GOLDEN CARE ASSISTED LIVING LLC

**Current Principal Place of Business:**

1622 SE 20 LN  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1622 SE 20 LN  
CAPE CORAL, FL 33990 US

**FEI Number:** 33-1782767

**Certificate of Status Desired:** No

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

GONZALEZ, ANABEL  
1622 SE 20 LN  
CAPE CORAL, FL 33990 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 GONZALEZ, ANABEL  
Address 1622 SE 20 LN  
City-State-Zip: CAPE CORAL FL 33990

*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:** ANABEL GONZALEZ

MGR

03/27/2026

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date