

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000472038

**Entity Name:** UNITY ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

5508 OAK AVENUE NW  
LAKELAND, FL 33810

**Current Mailing Address:**

5508 OAK AVENUE NW  
LAKELAND, FL 33810 US

**FEI Number: 33-3744284**

**Certificate of Status Desired:** Yes

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

ADJIMA, LEOCADIE  
1414 ALAMEDA DRIVE SOUTH  
LAKELAND, FL 33805 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 ADJIMA, LEOCADIE  
Address 1414 ALAMEDA DRIVE SOUTH  
City-State-Zip: LAKELAND FL 33805

Title MANAGER  
Name ADJIMA, FRANCOIS A C K  
Address 1414 ALAMEDA DR S  
City-State-Zip: LAKELAND FL 33805

*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: LEOCADIE ADJIMA**

**MANAGER**

**03/20/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date