

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001887

Entity Name: AMER-LIFE & HEALTH SERVICES OF HIGHLANDS COUNTY,
L.L.C.**FILED**
Feb 23, 2021
Secretary of State
3084890915CC**Current Principal Place of Business:**2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759**Current Mailing Address:**2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759 US**FEI Number: 59-3665456****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HIGHTOWER, R NATHAN ESQ
2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759 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	AL AMERILIFE, LLC
Address	2650 MCCORMICK DR STE 200S
City-State-Zip:	CLEARWATER FL 33759

Title	SECRETARY, AUTHORIZED REPRESENTATIVE
Name	MOORE, GIDEON
Address	2650 MCCORMICK DR STE 200S
City-State-Zip:	CLEARWATER FL 33759

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: GIDEON MOORE**SECRETARY****02/23/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date