

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002201

**Entity Name:** GRINNELL IA ASSISTED LIVING TENANT, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE. 14TH FLOOR  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802-4920 US

**FEI Number: 32-0393206**

**Certificate of Status Desired: No**

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

BRACCO, TRACEY B  
450 S. ORANGE AVE. 14TH FLOOR  
ORLANDO, FL 32801 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	Title	MGR
Name	BRACCO, TRACEY B	Name	MAULDIN, STEPHEN H
Address	450 S. ORANGE AVE.	Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	MANAGER		
Name	DUARTE, IXCHELL C		
Address	450 S. ORANGE AVE. 14TH FLOOR		
City-State-Zip:	ORLANDO FL 32801		

*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: TRACEY B BRACCO**

**MGR**

**04/17/2023**

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

\_\_\_\_\_  
Date