

2019 FLORIDA LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A11000000532

Entity Name: HEALTHCARE RESIDENTIAL, LLLP

Current Principal Place of Business:

19308 SW 380 STREET
FLORIDA CITY, FL 33034

Current Mailing Address:

P.O. BOX 343529
FLORIDA CITY, FL 33034 US

FEI Number: 36-4715821

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KIRK, STEVEN
19308 SW 380TH SREET
FLORIDA CITY, FL 33034 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: STEVEN KIRK

10/07/2019

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name EVERGLADES HEALTHCARE
RESIDENTIAL LLC

Address 19308 SW 380 STREET

City-State-Zip: FLORIDA CITY FL 33034

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN KIRK

PRESIDENT

10/07/2019

Electronic Signature of Signing General Partner Detail

Date