

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043596

**Entity Name:** SLM SERVICES, LLC

**Current Principal Place of Business:**

4611 JOHNSON RD  
SUITE 1  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4611 JOHNSON RD  
SUITE 1  
COCONUT CREEK, FL 33073 US

**FEI Number:** 20-0378235

**Certificate of Status Desired:** No

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

SENIOR LIVING MANAGEMENT CORPORATION  
4611 JOHNSON ROAD  
SUITE 1  
COCONUT CREEK, FL 33073 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 MGRM  
Name WAGNER, DENNIS  
Address 4611 JOHNSON ROAD - SUITE 1  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name RUBIN, URI  
Address 4611 JOHNSON ROAD - SUITE 1  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name WANG, CHUAN  
Address 4611 JOHNSON ROAD - SUITE 1  
City-State-Zip: COCONUT CREEK FL 33073

*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:** URI RUBIN

**MANAGING MEMBER**

**04/30/2019**

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

\_\_\_\_\_  
Date