## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100046

**Entity Name: SELAH SENIORCARE LLC** 

**Current Principal Place of Business:** 

115 PROFESSIONAL DRIVE

SUITE 101

PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:** 

115 PROFESSIONAL DRIVE SUITE 101

PONTE VEDRA BEACH, FL 32082 US

FEI Number: 20-3839523 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILIPPONE, WILLIAM T 115 PROFESSIONAL DRIVE SUITE 101

PONTE VEDRA BEACH, FL 32082 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

**FILED** Jan 08, 2014

**Secretary of State** 

CC4714940613

## Authorized Person(s) Detail:

Title MGR

SELAH MANAGEMENT GROUP, LLC Name

115 PROFESSIONAL DRIVE Address

SUITE 101

City-State-Zip: PONTE VEDRA BEACH FL 32082

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.

01/08/2014 SIGNATURE: ALAN PARRISH **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date