

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101139

Entity Name: NEW RIVIERA NURSING & REHABILITATION CENTER, L.L.C

Current Principal Place of Business:

6901 YUMURI STREET
CORAL GABLES, FL 33146

Current Mailing Address:

6901 YUMURI STREET
CORAL GABLES, FL 33146 US

FEI Number: 20-3616113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STACEY, RICHARD E
899 NW 4TH STREET
MIAMI, FL 33128 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 KELLER, ARLEENE
Address 5710 WOOSTER PIKE, SUITE 122
City-State-Zip: CINCINNATI OH 45227

Title MGR
Name STACEY, RICHARD E
Address 899 NW 4TH STREET
City-State-Zip: MIAMI FL 33128

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: RICHARD E STACEY

MGR

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date