

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARLEENE KELLER

**MEMBER**

**03/25/2013**

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

\_\_\_\_\_  
Date