

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000113814

**Entity Name:** SELAH SENIORCARE II, 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:** 27-3275597

**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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FILIPPONE, WILLIAM T  
Address        115 PROFESSIONAL DRIVE  
                  SUITE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           MANAGER  
Name           PARRISH, ALAN D  
Address        115 PROFESSIONAL DRIVE  
                  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.*

**SIGNATURE:** ALAN PARRISH

**MANAGER**

**01/08/2014**

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

\_\_\_\_\_  
Date