

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114672

**Entity Name:** FOUNDATION FOR LTC SOLUTIONS, LLC

**Current Principal Place of Business:**

3689 COOLIDGE CT  
STE 8  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3689 COOLIDGE CT  
STE 8  
TALLAHASSEE, FL 32311 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SKETCHLEY, TWYLA  
3689 COOLIDGE CT  
STE 8  
TALLAHASSEE, FL 32311 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 HEMNESS, EMMA R  
Address 309 N PARSONS AVE  
City-State-Zip: BRANDON FL 33510

Title MGRM  
Name SKETCHLEY, TWYLA  
Address 3689 COOLIDGE CT - STE 8  
City-State-Zip: TALLAHASSEE FL 32311

Title MGRM  
Name BELL, REBECCA C  
Address 7920 US HWY 19  
City-State-Zip: PORT RICHEY FL 34668

*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:** TWYLA SKETCHLEY

**MANAGER**

**04/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date