

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000129291

**Entity Name:** GLEN HEALTH TOWER 41 LLC

**Current Principal Place of Business:**

5454 W. FARGO  
SKOKIE, IL 60077

**Current Mailing Address:**

5454 W. FARGO  
SKOKIE, IL 60077

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 GLEN HEALTH AND HOME  
MANAGEMENT, INC.  
Address 5454 W. FARGO  
City-State-Zip: SKOKIE IL 60077

*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:** GLEN HEALTH AND HOME MANAGEMENT, INC.

**SIDNEY GLENNER,  
PRESIDENT**

**01/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date