

2015 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: SIDNEY GLENNER

PRESIDENT

01/08/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date