## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000168267

Entity Name: TALLAHASSEE NHHI, LLC.

**Current Principal Place of Business:** 

2001 KILLEBREW DRIVE

SUITE 100

BLOOMINGTON, MN 55425

**Current Mailing Address:** 

2001 KILLEBREW DRIVE SUITE 100

BLOOMINGTON, MN 55425 US

FEI Number: 47-2199847 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE 1ST FLOOR TALLAHASSEE, FL 32301 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: TY ROOFNER 02/02/2017

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title

TALLAHASSEE NATIONAL HANDICAP Name

HOUSING INSTITUTE, INC.

Address 2001 KILLEBREW DRIVE

SUITE 100

City-State-Zip: BLOOMINGTON MN 55425

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.

02/02/2017 SIGNATURE: ANNE SEABERG **ADMIN** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

**FILED** Feb 02, 2017

**Secretary of State** 

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