

**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

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AM  
Name TALLAHASSEE NATIONAL HANDICAP  
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.*

**SIGNATURE:** ANNE SEABERG

ADMIN

02/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date