

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000168267

**Entity Name:** TALLAHASSEE NHHI, LLC.

**Current Principal Place of Business:**

1050 THORNDALE AVE  
NEW BRIGHTON, MN 55112

**Current Mailing Address:**

1050 THORNDALE AVE  
NEW BRIGHTON, MN 55112

**FEI Number:** 47-2199847

**Certificate of Status Desired:** No

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

ROOFNER, TY  
BURR & FORMAN  
200 SOUTH ORANGE AVE 800  
ORLANDO, FL 32801 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

06/11/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AM  
Name NATIONAL HANDICAP HOUSING  
INSTITUTE, INC.  
Address 1050 THORNDALE AVE  
City-State-Zip: NEW BRIGHTON MN 55112

*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:** MICHAEL J SEMSCH

PRESIDENT/CEO

06/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date