

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000201122

Entity Name: PREMIER ESTATES 507, LLC

Current Principal Place of Business:

111 E. VAN BUREN
LENOX, IA 50851

Current Mailing Address:

9024 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202 US

FEI Number: 37-1798166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MEMBER
Name GREENSIDE HEALTHCARE
PROPERTIES LLC
Address 111 E. VAN BUREN
City-State-Zip: LENOX IA 50851

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: ROGER TICHENOR

CEO

03/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date