

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000230723

**Entity Name:** TANGERINE COVE PLC LLC**Current Principal Place of Business:**1102 CHESTNUT HILLS PARKWAY, SUITE 100  
C/O PRIORITY LIFE CARE  
FORT WAYNE, IN 46814**Current Mailing Address:**1102 CHESTNUT HILLS PARKWAY, SUITE 100  
C/O PRIORITY LIFE CARE  
FORT WAYNE, IN 46814 US**FEI Number:** 82-3356849**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:** JAMES M. HALPIN, ASSISTANT SECRETARY

10/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PETRAS, SEVERINE M	Name	PETRAS, ROBERT E JR
Address	1102 CHESTNUT HILLS PARKWAY, SUITE 100 C/O PRIORITY LIFE CARE	Address	1102 CHESTNUT HILLS PARKWAY, SUITE 100 C/O PRIORITY LIFE CARE
City-State-Zip:	FORT WAYNE IN 46814	City-State-Zip:	FORT WAYNE IN 46814

*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:** SEVERINE M. PETRAS**MANAGER**

10/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date