

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000080477

**Entity Name:** REGAL HEALTHCARE SNF, LLC

**Current Principal Place of Business:**

4770 BISCAYNE BLVD  
STE 1400  
MIAMI, 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD  
STE 1400  
MIAMI, 33137 UN

**FEI Number:** 82-5022806

**Certificate of Status Desired:** No

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

WALTERS, ALAN S  
4770 BISCAYNE BLVD  
STE 400  
MIAMI, FL 33137 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 MGR  
Name BICKY, STEVEN  
Address 4770 BISCAYNE BLVD STE 1400  
City-State-Zip: MIAMI 33137

Title AR  
Name WALTERS, ALAN S  
Address 4770 BISCAYNE BLVD STE 1400  
City-State-Zip: MIAMI FL 33137

*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: STEVEN BICKY**

**MANAGER**

**04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date