

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255342

**Entity Name:** 141 BEACON OPERATOR LLC

**Current Principal Place of Business:**

4700 6TH STREET SOUTH  
ARLINGTON, VA 22204

**Current Mailing Address:**

4700 6TH STREET SOUTH  
ARLINGTON, VA 22204 UN

**FEI Number:** 83-2664402

**Certificate of Status Desired:** No

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

RETIREMENT CARE OF AMERICA, LLC  
608 6TH STREET WEST  
PALMETTO, FL 34221 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:** RICHARD T CONARD

03/17/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	SCHROEDER, STEVEN F	Name	CONARD, RICHARD T DR.
Address	4700 6TH STREET SOUTH	Address	608 6TH STREET WEST
City-State-Zip:	ARLINGTON VA 22204	City-State-Zip:	PALMETTO FL 34221

*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:** RICHARD T CONARD

MANAGER

03/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date