

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000238698

Entity Name: SELAH LIVING NURSING LLC

Current Principal Place of Business:

2379 TOMOKA FARMS RD
PORT ORANGE, FL 32128

Current Mailing Address:

2379 TOMOKA FARMS RD
PORT ORANGE, FL 32128 UN

FEI Number: 93-1349248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARD, CHRISTY A
2379 TOMOKA FARMS RD
PORT ORANGE, FL 32128 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 AMBR
Name SELAH LIVING LLC
Address 2379 TOMOKA FARMS RD
City-State-Zip: PORT ORANGE FL 32128

Title RN
Name RICHARD, CHRISTY A
Address 2379 TOMOKA FARMS RD
City-State-Zip: PORT ORANGE FL 32128

Title RN
Name RICHARD, JAMES H JR. RN
Address 2379 TOMOKA FARMS RD
City-State-Zip: PORT ORANGE FL 32128

Title MD
Name MOORE, ALEXANDER G MD
Address 11512 LAKE MEAD AVE UNIT 521
City-State-Zip: JACKSONVILLE FL 32256

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: CHRISTY RICHARD

OWNER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date