

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000268344

Entity Name: CLEWISTON NURSING AND REHAB PROPCO LLC

Current Principal Place of Business:

301 S GLORIA ST
CLEWISTON, FL 33440

Current Mailing Address:

301 S GLORIA ST
CLEWISTON, FL 33440 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DBO SERVICES LLC
155 OFFICE PL DR
TALLAHASSEE, FL 32301 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 CUKIER, JOSEPH
Address 211 BLVD OF THE AMERICAS STE 209

City-State-Zip: LAKEWOOD NJ 08701

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: JOSEPH CUKIER

PARTNER

04/04/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date