

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001371

**Entity Name:** ARC MANAGEMENT, LLC.

**Current Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027

**Current Mailing Address:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027 US

**FEI Number:** 62-1812621

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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           MANAGING MEMBER  
Name            AMERICAN RETIREMENT CORPORATION  
Address         111 WESTWOOD PLACE - SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title            PRESIDENT, CEO  
Name            BAIER, LUCINDA M  
Address         111 WESTWOOD PLACE SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title            DVP  
Name            FISCHER, LAURA E  
Address         111 WESTWOOD PLACE SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title            EVP AND SECRETARY  
Name            WHITE, CHAD C.  
Address         111 WESTWOOD PLACE SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title            SVP  
Name            LESKOWICZ, JOANNE  
Address         6737 W WASHINGTON STREET SUITE 2300  
City-State-Zip: MILWAUKEE WI 53214

Title            CFO  
Name            KUSSOW, DAWN L  
Address         6737 W WASHINGTON ST STE 2300  
City-State-Zip: MILWAUKEE WI 53214

Title            DVP  
Name            RICCI, BENJAMIN J  
Address         111 WESTWOOD PLACE SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

*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:** CHAD C. WHITE

**SECRETARY**

**04/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date