

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100002805

**Entity Name:** ARC COCONUT CREEK, 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:** 80-0004861

**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           ARC COCONUT CREEK  
                  MANAGEMENT, INC.  
Address        111 WESTWOOD PLACE, STE. 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           EVP AND SECRETARY  
Name           WHITE, CHAD C.  
Address        111 WESTWOOD PLACE  
                  SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title           EVP  
Name           PATCHETT, MARY SUE  
Address        111 WESTWOOD PLACE  
                  SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title           CFO  
Name           SWAIN, STEVEN  
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

*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**

**06/15/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date