

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003565

Entity Name: SUMMERVILLE AT GAINESVILLE, 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:** 20-3014039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGRM
Name	SUMMERVILLE SENIOR LIVING, INC.
Address	111 WESTWOOD PLACE SUITE 400
City-State-Zip:	BRENTWOOD TN 37027

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

Title	EVP
Name	KENT, CINDY R
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	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****04/26/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date