

2023 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 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 CFO
Name KUSSOW, DAWN L
Address 6737 W WASHINGTON ST STE 2300
City-State-Zip: MILWAUKEE WI 53214

Title SVP
Name LESKOWICZ, JOANNE
Address 6737 W WASHINGTON STREET
SUITE 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

EVP AND SECRETARY

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date