

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005085

Entity Name: CCRC - FREEDOM POINTE AT THE VILLAGES, LLC

Current Principal Place of Business:

4600 S SYRACUSE STREET, STE 500
DENVER, CO 80237

Current Mailing Address:

4600 S SYRACUSE STREET, STE 500
DENVER, CO 80237 US

FEI Number: 56-2530903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CHRIS RICKARD, ASSISTANT SECRETARY

04/29/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name CCRC OPCO VENTURES, LLC
Address 4600 S SYRACUSE STREET, STE 500
City-State-Zip: DENVER CO 80237

Title AUTHORIZED PERSON
Name [LCS] BEELER, DANIEL
Address 4600 S SYRACUSE STREET, STE 500
City-State-Zip: DENVER CO 80237

Title AUTHORIZED PERSON
Name [LCS] PAULSON, ROBERT
Address 4600 S SYRACUSE STREET, STE 500
City-State-Zip: DENVER CO 80237

Title AUTHORIZED PERSON
Name [LCS] STROLY, WALTER
Address 4600 S SYRACUSE STREET, STE 500
City-State-Zip: DENVER CO 80237

Title AUTHORIZED PERSON
Name LIFE CARE SERVICES, LLC, HEALTH CENTER ADMINISTRATOR
Address 4600 S SYRACUSE STREET, STE 500
City-State-Zip: DENVER CO 80237

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: [LCS] BEELER, DANIEL

AUTHORIZED PERSON

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date