

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003090

Entity Name: LAKEWOOD MEMORY CARE, LLC

Current Principal Place of Business:

8230 NATURES WAY
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8415 E. 21ST STREET NORTH, SUITE 100
WICHITA, KS 67206

FEI Number: 30-0688073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPKINS, F. THOMAS
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 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 MGR
Name BUCHANAN, TIMOTHY J
Address 8415 E. 21ST STREET NORTH, SUITE 100
City-State-Zip: WICHITA KS 67206

Title MGR
Name RUSSELL, STEPHEN D
Address 1800 2ND STREET, SUITE 717
City-State-Zip: SARASOTA FL 34236

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: TIMOTHY J BUCHANAN

MANAGING MEMBER OF 04/03/2015
MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date