#### 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 MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 

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

### FEI Number: 30-0688073

### Name and Address of Current Registered Agent:

Electronic Signature of 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:

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	BUCHANAN, TIMOTHY J	Name	RUSSELL, STEPHEN D
Address	8415 E. 21ST STREET NORTH, SUITE 100 WICHITA KS 67206	Address	1800 2ND STREET, SUITE 717
		City-State-Zip:	SARASOTA FL 34236
City-State-Zip:		<i>y</i>	

### Certificate of Status Desired: No

04/16/2020

# 2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100003090

Entity Name: LAKEWOOD MEMORY CARE, LLC

## **Current Principal Place of Business:**

8230 NATURES WAY LAKEWOOD RANCH. FL 34202

# Apr 16, 2020 Secretary of State 7209355106CC

FILED

Date

Date