

**2018 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** 04/06/2018  
**MANAGER**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date