## 2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000271

Entity Name: CHT BILLINGS MT SENIOR LIVING, LLC

450 S. ORANGE AVENUE, 14TH FLOOR

ORLANDO. FL 32801-3336

**Current Principal Place of Business:** 

**Current Mailing Address:** 

PO BOX 4920

ORLANDO, FL 32802-4920 US

FEI Number: 61-1572186 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACCO, TRACEY B 450 S. ORANGE AVENUE 14TH FLOOR ORLANDO, FL 32801 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

**FILED** Mar 25, 2025

**Secretary of State** 

2316167080CC

Authorized Person(s) Detail:

Title MGR Title MGR

BRACCO, TRACEY B MAULDIN, STEPHEN H Name Name

Address 450 S. ORANGE AVENUE, 14TH Address 450 S. ORANGE AVENUE, 14TH

**FLOOR FLOOR** 

ORLANDO FL 32801-3336 City-State-Zip: ORLANDO FL 32801-3336 City-State-Zip:

Title **MANAGER** 

Name DUARTE, IXCHELL C

450 S. ORANGE AVENUE, 14TH Address

**FLOOR** 

ORLANDO FL 32801-3336 City-State-Zip:

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: TRACEY B. BRACCO

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/25/2025