## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004013

Entity Name: ARHC ATLARFL01, LLC

**Current Principal Place of Business:** 

500 NORTH HURSTBOURNE PARKWAY

SUITE 200

LOUISVILLE, KY 40222

**Current Mailing Address:** 

500 NORTH HURSTBOURNE PARKWAY SUITE 200

LOUISVILLE, KY 40222 US

FEI Number: NOT APPLICABLE 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:

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2018

**Secretary of State** 

CC9175454770

## Authorized Person(s) Detail:

Title AUTHORIZED MEMBER

Name VENTAS REALTY CAPITAL

HEALTHCARE TRUST OPERATING

PARTNERSHIP, L.P.

Address 500 NORTH HURSTBOURNE

PARKWAY SUITE 200

City-State-Zip: LOUISVILLE KY 40222

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: DANA J. BAKER SECRETARY 04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date