

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000006810

Entity Name: SABRA HEALTH CARE HOLDINGS III, LLC

Current Principal Place of Business:

C/O SABRA HEALTH CARE REIT, INC.
18500 VON KARMAN AVENUE, SUITE 550
IRVINE, CA 92612

Current Mailing Address:

C/O SABRA HEALTH CARE REIT, INC.
18500 VON KARMAN AVENUE, SUITE 550
IRVINE, CA 92612 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: NICOLE CHOUINARD

04/26/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name SABRA HEALTH CARE LIMITED PARTNERSHIP
Address C/O SABRA HEALTH CARE REIT, INC.
18500 VON KARMAN AVENUE, SUITE 550
City-State-Zip: IRVINE CA 92612

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: SABRA HEALTH CARE LIMITED PARTNERSHIP

MEMBER

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date