

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008601

Entity Name: SKYLINE HEALTH SERVICES, LLC

Current Principal Place of Business:

10855 RIVERFRONT PARKWAY
SOUTH JORDAN, UT 84095

Current Mailing Address:

10855 RIVERFRONT PARKWAY
SOUTH JORDAN, UT 84095 US

FEI Number: 46-3496876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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 CFO
Name KLOSSNER, SCOTT
Address 10855 S RIVERFRONT PARKWAY
City-State-Zip: SOUTH JORDAN UT 84095

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: SCOTT KLOSSNER

CFO

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date