

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000000789

**Entity Name:** SARASOTA MEMORY CARE, LLC

**Current Principal Place of Business:**

545 E JOHN CARPENTER FREEWAY SUITE 500  
IRVING, TX 75062

**Current Mailing Address:**

545 E JOHN CARPENTER FREEWAY SUITE 500  
IRVING, TX 75062

**FEI Number:** 81-1451733

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGRM  
Name LASALLE SARASOTA MANAGEMENT,  
LLC  
Address 545 E JOHN CARPENTER FREEWAY  
SUITE 500  
City-State-Zip: IRVING TX 75062

*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:** STACIE HERLIHY

**CORPORATE SECRETAR** 01/19/2018

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

\_\_\_\_\_  
Date