

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001838

Entity Name: ST. JOHNS 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 US

FEI Number: 81-3286134

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 ST. JOHNS 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: RANDAL P. BROWN

TREASURER

04/29/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date