

**2018 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:** STACIE HERLIHY

**AUTHORIZED AGENT**

**05/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date