## 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003173

Entity Name: HARBORCHASE OF TALLAHASSEE, LLC

**Current Principal Place of Business:** 

958 20TH PLACE 2ND FLOOR

VERO BEACH, FL 32960

**FILED** Apr 24, 2019 **Secretary of State** 6325408834CC

## **Current Mailing Address:**

958 20TH PLACE 2ND FLOOR VERO BEACH, FL 32960 US

FEI Number: 02-0697161 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST SUITE 4

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:

Address

Address

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

CHAIRMAN/MANAGING PARTNER Title PRESIDENT, CEO Title

> (DIRECTOR) Name HANSON, SARABETH

Name SMICK, TIMOTHY S 958 20TH PLACE Address

958 20TH PLACE Address 2ND FLOOR

2ND FLOOR City-State-Zip: VERO BEACH FL 32960

City-State-Zip: VERO BEACH FL 32960

Title TREASURER, CFO Title SECRETARY/VICE PRESIDENT/CHIEF

Name MITCHELL, THOMAS **DEVELOPMENT OFFICER** 

Name JENNINGS, CHARLES N. Address 958 20TH PLACE

2ND FLOOR 958 20TH PLACE

City-State-Zip: VERO BEACH FL 32960 2ND FLOOR

Title

**SOLE MANAGER** 

PARTNER (DIRECTOR)

City-State-Zip: VERO BEACH FL 32960

SENIOR LIVING HOLDINGS, LLC Title ASSISTANT SECRETARY, CFO, Name

TREASURER 958 20TH PLACE Address

COLLINS, CHRIS 2ND FLOOR

Name

Address 958 20TH PLACE City-State-Zip: VERO BEACH FL 32960 2ND FLOOR

VERO BEACH FL 32960 City-State-Zip: Title EVP, GENERAL COUNSEL,

ASSISTANT SECRETARY

Name SCIMECA, MARK Title COO

Name LEWIS, KIM Address 958 20TH PLACE

2ND FLOOR 958 20TH PLACE

City-State-Zip: VERO BEACH FL 32960 2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

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.

04/24/2019 CHAIRMAN/MANAGING SIGNATURE: TIMOTHY S. SMICK

Electronic Signature of Signing Authorized Person(s) Detail

Date