

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004550

Entity Name: MGP HEALTHCARE, LLC

Current Principal Place of Business:

43913 LOGANWOOD CT
ASHBURN, VA 20147

Current Mailing Address:

43913 LOGANWOOD CT
ASHBURN, VA 20147 US

FEI Number: 47-3681248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607 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 MGR
Name GANDHI, MITAL M
Address 43913 LOGANWOOD COURT
City-State-Zip: ASHBURN VA 20147

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: MITAL M GANDHI

MANAGING MBR

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date