

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007850

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC3613285738**

**Entity Name:** ALORE CALHOUN OF FLORIDA, LLC

**Current Principal Place of Business:**

990 COMMERCIAL STREET SE  
SALEM, OR 97302

**Current Mailing Address:**

990 COMMERCIAL STREET SE  
SALEM, OR 97302 US

**FEI Number:** 47-0980433

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASILLAS, PATRICIO  
Address 8260 NW 27 ST STE ATTN LICENSE  
DEPT  
SUITE 403  
City-State-Zip: DORAL FL 33122

Title MGR  
Name FOREMAN, STEPHEN  
Address 990 COMMERCIAL STREET SE  
City-State-Zip: SALEM OR 97302

*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:** STEPHEN FOREMAN

**AUTORIZED PERSON**

**04/11/2017**

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

\_\_\_\_\_  
Date