

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007850

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC3516323309**

**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

**MANAGER**

**01/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date