

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M17000008181

Entity Name: SECURCARE MOVEIT MCALLEN, LLC

Current Principal Place of Business:

8400 EAST PRENTICE AVENUE
9TH FLOOR
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

8400 EAST PRENTICE AVENUE
9TH FLOOR
GREENWOOD VILLAGE, CO 80111 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED PERSON
Name FISCHER, TAMARA D.
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title MEMBER
Name NSA OP, LP
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED PERSON
Name KENYON, TIFFANY S.
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED PERSON
Name NORDHAGEN, ARLEN D.
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED PERSON
Name TOGASHI, BRANDON S.
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED PERSON
Name COWAN, WILLIAM S.
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED PERSON
Name BERGEON, DEREK
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED PERSON
Name CRAMER, DAVID G.
Address 8400 EAST PRENTICE AVENUE
9TH FLOOR
City-State-Zip: GREENWOOD VILLAGE CO 80111

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: TIFFANY KENYON

AUTHORIZED PERSON

05/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date