#### 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008181

Entity Name: SECURCARE MOVEIT MCALLEN, LLC

**FILED** Mar 30, 2022 **Secretary of State** 7440128624CC

## **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 MANAGER Title MANAGER FISCHER, TAMARA D. NSA OP. LP Name Name

8400 EAST PRENTICE AVENUE Address Address 8400 EAST PRENTICE AVENUE 9TH FLOOR

9TH FLOOR

GREENWOOD VILLAGE CO 80111 GREENWOOD VILLAGE CO 80111 City-State-Zip: City-State-Zip:

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: TAMARA D FISCHER

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/30/2022 Date