

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000004393

Entity Name: VILLAGE PLACE HEALTHCARE AND REHABILITATION CENTER
LLC

FILED
Feb 12, 2024
Secretary of State
6234180538CC

Current Principal Place of Business:

2370 HARBOR BLVD
PORT CHARLOTTE, FL 33952-5024

Current Mailing Address:

400 RELLA BLVD
SUITE 200
MONTEBELLO, NY 10901 US

FEI Number: 88-1445289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERSTATE AGENT SERVICES, LLC
100 SE 2ND STREET STE 2000 #209
MIAMI, FL 33131 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 MB
Name VILLAGE SNF HOLDCO LLC
Address 400 RELLA BLVD
City-State-Zip: MONTEBELLO NY 10901

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: VILLAGE SNF HOLDCO LLC

MB

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date