

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000004393

Entity Name: VILLAGE PLACE HEALTHCARE AND REHABILITATION CENTER LLC

**FILED
Jul 11, 2024
Secretary of State
7665917115CC**

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	Title	AUTHORIZED REPRESENTATIVE
Name	VILLAGE SNF HOLDCO LLC	Name	CHOATE, JOSHUA
Address	400 RELLA BLVD	Address	400 RELLA BLVD SUITE 200
City-State-Zip:	MONTEBELLO NY 10901	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

07/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date