

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000004466

Entity Name: WILTON MANORS HEALTHCARE & REHABILITATION CENTER LLC

FILED
Jan 04, 2024
Secretary of State
4747063311CC

Current Principal Place of Business:

2675 N ANDREWS AVE
WILTON MANORS, FL 33311-2509

Current Mailing Address:

400 RELLA BLVD
SUITE 200
MONTEBELLO, NY 10901 US

FEI Number: 88-1467025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERSTATE AGENT SERVICES, LL
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 MBR
Name WILTON MANORS SNF HOLDCO LLC
Address 400 RELLA BLVD
City-State-Zip: MONTEBELLO NY 10901

Title AUTHORIZED REPRESENTATIVE
Name MORTON, SHALONDA
Address 400 RELLA BLVD
SUITE 200
City-State-Zip: MONTEBELLO NY 10901

Title AUTHORIZED REPRESENTATIVE
Name SHELBY, JACK
Address 400 RELLA BLVD
SUITE 200
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: WILTON MANORS SNF HOLDCO LLC

AUTHORIZED REP

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date