

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M22000004541

**Entity Name:** LADY LAKE SPECIALTY CARE CENTER AND REHAB LLC

**Current Principal Place of Business:**

630 GRIFFIN AVENUE,  
LADY LAKE, FL 32159

**Current Mailing Address:**

400 RELLA BLVD  
MONTEBELLO, NY 10901 US

**FEI Number:** 88-1251152

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INTERSTATE AGENT SERVICES, LLC  
100 SE 2ND STREET SUITE 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	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	LADY LAKE SNF HOLDCO LLC	Name	MANELA, ROBERT
Address	400 RELLA BLVD	Address	630 GRIFFIN AVENUE,
City-State-Zip:	MONTEBELLO NY 10901	City-State-Zip:	LADY LAKE FL 32159
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	MILBURN, MINDY	Name	OLIVER, TONYA
Address	630 GRIFFIN AVENUE,	Address	400 RELLA BLVD
City-State-Zip:	LADY LAKE FL 32159	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:** MANELA , ROBERT

**AUTHORIZED REP**

**12/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date