

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 JUL 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **62-1832434** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M00000001943

1. Entity Name
HEATHER HILL NURSING CENTER, LLC



Principal Place of Business
**6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653**

Mailing Address
**6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**KEYES, KENNETH F
6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent
Name **NRAI SERVICES, INC**
Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DR SUITE 4
City **WESTON** FL Zip Code **33331**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. KEYES, KENNETH F 6630 KENTUCKY AVENUE NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELL, JAMES ERIC 6208 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SWEENEY, ERIC P 714 S CHURCH STREET, SUITE A MURFREESBORO, TN 37130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEELY, WILLIAM H 714 S CHURCH STREET, SUITE A MURFREESBORO, TN 37130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLACKMAN, TONYA 6630 KENTUCKY AVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200133383998 07/24/08--01005--002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: James E Bell James E Bell MGR 07/09/2008 352-417-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #