

MO1000001115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

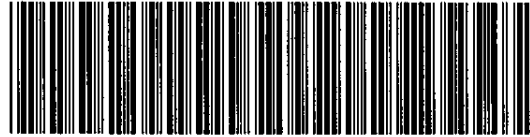
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CLERK OF STATE
TALLAHASSEE, FLORIDA

re 10/25/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUSKAWILLA RETIREMENT RESIDENCE LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEAH R. KUOR

Name of Person

HOLIDAY RETIREMENT

Firm/Company

5585 Meadows Road, Suite 500

Address

Lake Oswego, OR 97035

City/State and Zip Code

leah.kuor@holidaytouch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah R. Kuor

Name of Person

at (503)

586-7039

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2012

LEAH R. KUOR
5585 MEADOWS ROAD
SUITE 500
LAKE OSWEGO, OR 37035

SUBJECT: TUSKAWILLA RETIREMENT RESIDENCE LLC
Ref. Number: M01000001115

We have received your document for TUSKAWILLA RETIREMENT RESIDENCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 912A00025187

FILED

12 OCT 25 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TUSKAWILLA RETIREMENT RESIDENCE LLC.

2. This entity was formed under the laws of: OREGON.

3. This entity was authorized to transact business in Florida on 5/15/2001
and its Florida document/registration number is M01000001115.

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

HARVEST MANAGING MEMBER I LLC

5885 Meadows Rd Ste 500

Lake Oswego OR 97035

Required Signature: _____

Signature of Manager, Managing Member or Member

Leah R Kuor, Authorized Agent

Filing Fee: \$25