M08000003940

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T. CLINE

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI					
	Name of Foreign Limited Liabi	lity Comp	any		
Dear S	Sir or Madam:				
	nclosed Affidavit by Foreign Limited Liability Co ging Member(s) and fee(s) are submitted for filing		Change Manager(s) or	
Please	return all correspondence concerning this matter	to the foll	lowing:		
	Todd Reynolds	-			
	Name of Person		•		
	Gulf Coast Facilities, LLC			200	38
	Firm/Company		•		© ⊙
	4 West Red Oak Lane, Suite 201			- 17 T	7069 OCT -5
***************************************	Address				
	White Plains, New York 10604			10 CM	AH II: 03
	City/State and Zip Code			P. 2.	
	emilano@cypresshealthcare.net			3A	03
E-	-mail address: (to be used for future annual repor	t notificati	ion)	4	
For fur	rther information concerning this matter, please c	all:			
	Todd Reynolds at (914)		390-4301		•
	Name of Person Area Code ar	nd Daytim	e Telephone Numb	er	
	Registration Section Reg Division of Corporations Div Clifton Building P.O	Box 6327	ection orporations		
	sed is a check for the following amount: illing Fee \$\bigcup \$30 Filing Fee & \$\bigcup \$55.00 File Certificate of Status Certified Co	ling Fee &	\$60 Filing Fee, Certificate of Status Certified Copy	&	

CR2E123(8/07)

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

The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida Florida Facilities, LLC	
2. This entity was formed under the laws of	e:	
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida on <u>08/26/2008</u> er is <u>M08000003940</u> .	
4. The name and address of each manager of	or managing member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR_	GCH Management Services, LLC	
	289 OCT -5	ACT TOTAL
		1997
	The state of the s	
Required Signature: Signature of Manager,	Managing Member or Member	

Filing Fee: \$25