

19800000147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

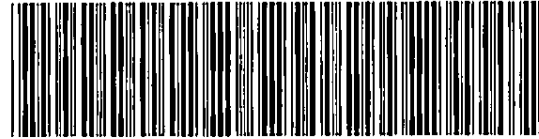
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 27 2024

Office Use Only



100441378901

FILED
2024 DEC 26 PM 12:46

FILED
2024 DEC 25 AM 11:15



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 12/24/24
Order #: 1732702-1
Re: Port St. Lucie Retirement Investors, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port St. Lucie Retirement Investors, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan E. Thurmond

Name of Person

c/o Life Care Centers of America, Inc.

Firm/Company

3570 Keith Street, NW

Address

Cleveland, TN 37312

City/State and Zip Code

joan_thurmond@lcca.com

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

For further information concerning this matter, please call:

Joan Thurmond

at (423) 473-5868

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Port St. Lucie Retirement Investors, LLC

Enter new principal office address, if applicable: n/a

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: n/a

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M98000000147

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 2/16/98

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Forrest L. Preston	3570 Keith Street, NW	<input type="checkbox"/> Add
		Cleveland, TN 37312	<input checked="" type="checkbox"/> Remove
Member	Developers Investment Company, Inc.	3570 Keith Street, NW	<input type="checkbox"/> Add
		Cleveland, TN 37312	<input checked="" type="checkbox"/> Remove
Member	Life Care Centers of America, Inc.	3570 Keith Street, NW	<input checked="" type="checkbox"/> Add
		Cleveland, TN 37312	<input type="checkbox"/> Remove
MGR	Life Care Centers of America, Inc.	3570 Keith Street, NW	<input checked="" type="checkbox"/> Add
		Cleveland, TN 37312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Port St. Lucie Retirement Investors, LLC
 By: Cindy S. Cross
 Signature of the authorized representative

Cindy S. Cross, Vice President/Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00