## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049844

Entity Name: HILLSBOROUGH EXTENDED CARE, LLC

**Current Principal Place of Business:** 

19091 NORTH DALE MABRY HWY

LUTZ, FL 33548

**Current Mailing Address:** 

PO BOX 31809

PALM BEACH GARDENS, FL 33420

FEI Number: 20-1631484 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALCZAK, PAUL 2979 PGA BLVD. SUITE 201

PALM BEACH GARDENS, FL 33410 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: PAUL WALCZAK 05/01/2014

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGR

Name MTW INVESTMENT MANAGEMENT,

LLC

Address PO BOX 31809

City-State-Zip: PALM BEACH GARDENS FL 33420

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: PAUL WALCZAK MGRM 05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED May 01, 2014

**Secretary of State** 

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