**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 27, 2016**
**Secretary of State**
**CC1840062178**

DOCUMENT# L06000029656

**Entity Name:** PARKSIDE VILLAGE OF SEBRING, LLC

**Current Principal Place of Business:**

2636 MELLOW LN
SEBRING, FL 33870

**Current Mailing Address:**

2636 MELLOW LN
SEBRING, FL 33870

**FEI Number: 20-4551583**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HANDLEY, WILLIAM R
2636 MELLOW LN
SEBRING, FL 33870 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGER | Title | MANAGER |
| Name | HANDLEY, WILLIAM R | Name | HANDLEY, PATRICIA W |
| Address | 2636 MELLOW LN | Address | 2636 MELLOW LN |
| City-State-Zip: | SEBRING FL 33870 | City-State-Zip: | SEBRING FL 33870 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | TOMARCO PARTNERS LLLP |
| Address | 3000 LOST BALL DRIVE |
| City-State-Zip: | SEBRING FL 33872 |

*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: PATRICIA W HANDLEY MANAGER 04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date