

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116410

**Entity Name:** THE VILLAGE SHOPPES AT HEALTHPARK, LLC

**Current Principal Place of Business:**

2100 ELECTRONICS LANE  
FORT MYERS, FL 33912

**Current Mailing Address:**

2100 ELECTRONICS LANE  
FORT MYERS, FL 33912

**FEI Number:** 26-1436487

**Certificate of Status Desired:** No

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

SIMAT, ANNE  
2100 ELECTRONICS LANE  
FORT MYERS, FL 33912 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:** ANNE SIMAT

02/06/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | MGRM                  | Title           | MGR                   |
| Name            | CROWLEY, BRIDGET D    | Name            | CROWLEY, MARC         |
| Address         | 2100 ELECTRONICS LANE | Address         | 2100 ELECTRONICS LANE |
| City-State-Zip: | FORT MYERS FL 33912   | City-State-Zip: | FORT MYERS FL 33912   |

*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:** BRIDGET CROWLEY

MANAGING MEMBER

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date