

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000024167

Entity Name: STONE CREEK SENIOR HEALTH, LLC

Current Principal Place of Business:

7485 SW 97TH TERRACE RD
OCALA, FL 34481

Current Mailing Address:

7485 SW 97TH TERRACE RD
OCALA, FL 34481 US

FEI Number: 27-5234512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACORN TAX AND WEALTH ADVISORS LLC
7380 SW 60TH AVE
SUITE 4
OCALA, FL 34476 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: AUSTIN VEALEY

02/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SCHROADER, DARRY
Address 7485 SW 97TH TERRACE RD
City-State-Zip: Ocala FL 34481

Title AMBR
Name SCHROADER, DARA
Address 13501 BLYTHEWOOD DR
City-State-Zip: SPRING HILL FL 34609

Title AMBR
Name HERRING, KATELYNN
Address 13501 BLYTHEWOOD DR
City-State-Zip: SPRING HILL FL 34609

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: DARRY SCHROADER

OWNER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date