

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131278

**Entity Name:** 3101 GINGER DRIVE OPERATIONS LLC

**Current Principal Place of Business:**

1040 CROWN POINTE PKWY STE 600  
ATLANTA, GA 30338

**Current Mailing Address:**

1040 CROWN POINTE PKWY STE 600  
ATLANTA, GA 30338-4741 US

**FEI Number:** 30-0707332

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name EPSILON HEALTH CARE  
PROPERTIES, LLC  
Address 1040 CROWN POINTE PKWY STE 600  
City-State-Zip: ATLANTA GA 30338

*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:** TIFFANY HOBACK

**AUTHORIZED  
REPRESENTATIVE**

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date