

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000149929

**Entity Name:** CONSULATE MZHBS LEASEHOLDINGS, 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:** 46-1554261

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 LAVIE CARE CENTERS, 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