

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000177949

**Entity Name:** PARKSQUARE SENIOR LIVING LLC

**Current Principal Place of Business:**

150 SE 2ND AVE SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

150 SE 2ND AVE SUITE 800  
MIAMI, FL 33131

**FEI Number:** 37-1769972

**Certificate of Status Desired:** No

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

REGISTERED AGENTS OF FLORIDA LLC  
100 SE SECOND ST SUITE 2900  
MIAMI, FL 33131 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  
Name           MELO, PAULO T  
Address        150 SE 2ND AVE SUITE 800  
City-State-Zip: MIAMI FL 33131

*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:** PAULO T MELO

MANAGER

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date