**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 31, 2017**
**Secretary of State**
**CC4088932728**

DOCUMENT# L15000137281

**Entity Name:** CLEWISTON NURSING & REHABILITATION LLC

**Current Principal Place of Business:**

301 SOUTH GLORIA STREET
CLEWISTON, FL 33440

**Current Mailing Address:**

7383 N LINCOLN AVE.
SUITE 100
LINCOLNWOOD, IL 60712

**FEI Number: 47-4844098**

**Certificate of Status Desired:** No

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

LAW OFFICES OF PETER A. LEWIS, P.L.
3023 N. SHANNON LAKES DRIVE
SUITE 101
TALLAHASSEE, FL 32309 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: PETER A LEWIS 01/31/2017

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | ARYEH, MOSHE DAVID |
| Address | 7383 N. LINCOLN AVE. SUITE 100 |
| City-State-Zip: | LINCOLNWOOD IL 60712 |

*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: MOSHE DAVID ARYEH AUTHORIZED REPRESENTATIVE 01/31/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date