

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000064048

Entity Name: MARIGOLD CARE FACILITY, LLC

Current Principal Place of Business:

130 S INDIAN RIVER DRIVER
SUIT 2
FORT PIECE , FL 34950

Current Mailing Address:

130 S INDIAN RIVER DR
SUIT 2
FORT PIERCE , FL 34950 US

FEI Number: 82-2798825

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GEFFRARD, ROSEMENTHA
130 S INDIAN RIVER DR
SUIT 2
FORT PIERCE , FL 34950 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: ROSEMENTHA GEFFRARD

05/16/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SAUVEUR, SHARDY B
Address 130 S INDIAN RIVER
SUIT 2
City-State-Zip: FORT PIERCE FL 34950

Title MGR
Name GEFFRARD, ROSEMENTHA
Address 130 S INDIAN RIVER DR
SUIT 2
City-State-Zip: FORT PIERCE FL 34950

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: SHARDY SAUVEUR

MGR

05/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date