

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000277965

**Entity Name:** HIALEAH SHORES RE, LLC

**Current Principal Place of Business:**

7735 NW 146 STREET  
SUITE 204  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7735 NW 146 STREET  
SUITE 204  
MIAMI LAKES, FL 33016 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MICHAEL D. GALLINAR  
1000 BRICKELL AVENUE  
SUITE 300  
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 MBR  
Name DOS NURSING HOME GROUP, LLC  
Address 7735 NW 146 STREET, SUITE 204  
City-State-Zip: MIAMI LAKES FL 33016

*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:** DOS NURSING HOME GROUP, LLC

MBR

01/23/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date