## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000008793

Entity Name: LHCG CLIII LLC

**Current Principal Place of Business:** 

901 HUGH WALLIS ROAD SOUTH

LAFAYETTE. LA 70508

## **Current Mailing Address:**

901 HUGH WALLIS ROAD SOUTH LAFAYETTE. LA 70508 US

FEI Number: 84-4776234 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 22, 2025

**Secretary of State** 

2076072470CC

Authorized Person(s) Detail:

Title **PRESIDENT** Title **TREASURER** 

PROFFITT, JOSHUA L. Name SEYMOUR, KIMBERLY Name

901 HUGH WALLIS ROAD SOUTH Address 901 HUGH WALLIS ROAD SOUTH Address

City-State-Zip: LAFAYETTE LA 70508 City-State-Zip: LAFAYETTE LA 70508

Title **MEMBER** Title **SECRETARY** 

Name CENTRAL FLORIDA PARTNERSHIP, Name MACIP, MARCUS D.

HC

Address 901 HUGH WALLIS ROAD SOUTH Address 901 HUGH WALLIS ROAD SOUTH

City-State-Zip: LAFAYETTE LA 70508 City-State-Zip: LAFAYETTE LA 70508

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: JOSHUA L. PROFFITT

**PRESIDENT** 

03/22/2025