

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000378040

Entity Name: ESTHERVILLE SNF OPERATOR LLC

Current Principal Place of Business:

15310 AMBERLY DR
102
TAMPA, FL 33647

Current Mailing Address:

15310 AMBERLY DRIVE
102
TAMPA, FL 33647

FEI Number: 86-1379503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MGR
Name BLACK HAWK HEALTHCARE LLC
Address 15310 AMBERLY DRIVE, 102
City-State-Zip: TAMPA FL 33647

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: BRUCE WERTHEIM

MGR

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date