## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001778

Entity Name: 2201 NE 170TH ST., L.L.C.

**Current Principal Place of Business:** 

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.

4042 PARK OAKS BLVD., SUITE 300

TAMPA, FL 33610

## **Current Mailing Address:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP. 4042 PARK OAKS BLVD., SUITE 300 TAMPA, FL 33610

FEI Number: 13-4120830 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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** Feb 25, 2019

**Secretary of State** 

3616492451CC

## Authorized Person(s) Detail:

Title **MGRM** 

NH FLORIDA REALTY, L.L.C. Name Address 152 WEST 57TH STREET, 60TH

**FLOOR** 

City-State-Zip: NEW YORK NY 10019

SIGNATURE: JACQUELINE PRICE

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.

Electronic Signature of Signing Authorized Person(s) Detail

02/25/2019

VICE PRESIDENT & CFO

Date