

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006824

**Entity Name:** NHC-FL105, LLC

**Current Principal Place of Business:**

27777 FRANKLIN ROAD  
SUITE 200  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

27777 FRANKLIN ROAD  
SUITE 200  
SOUTHFIELD, MI 48034 US

**FEI Number:** 20-3804468

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC.  
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

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name MCLAREN, JOHN B  
Address 27777 FRANKLIN ROAD  
SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title MGRM  
Name CAREFREE PROPERTY MEZZ LLC  
Address 27777 FRANKLIN ROAD  
SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title AUTHORIZED REPRESENTATIVE  
Name COLMAN, JONATHAN M  
Address 27777 FRANKLIN ROAD  
SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

*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:** KAREN J DEARING

**SECRETARY**

**04/22/2021**

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

\_\_\_\_\_  
Date