

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000007076

**Entity Name:** SAFE HARBOUR HEALTHCARE, LLC

**Current Principal Place of Business:**

505 KING STREET, SUITE 300  
LA CROSSE, WI 54601

**Current Mailing Address:**

505 KING STREET, SUITE 300  
LA CROSSE, WI 54601

**FEI Number:** 20-5996684

**Certificate of Status Desired:** No

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

SKEMP, THOMAS W  
811 SHRIVER CIRCLE  
LAKE MARY, FL 32746 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 MGRM  
Name SKEMP, THOMAS W  
Address 811 SHRIVER CIRCLE  
City-State-Zip: LAKE MARY FL 32746

*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:** THOMAS W. SKEMP

MANAGER

01/26/2023

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

\_\_\_\_\_ Date