

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001968

Entity Name: LOVE MANAGEMENT COMPANY, LLC**Current Principal Place of Business:**212 S. CENTRAL AVENUE, SUITE 301
ST. LOUIS, MO 63105**Current Mailing Address:**212 S. CENTRAL AVENUE, SUITE 301
ST. LOUIS, MO 63105**FEI Number:** 90-0702919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNEY, THERESA M
4348 SOUTHPOINT BOULEVARD, SUITE 101
JACKSONVILLE, FL 32216 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	ALLEGRO SENIOR LIVING, LLC
Address	212 S. CENTRAL AVENUE, SUITE 301
City-State-Zip:	ST. LOUIS MO 63105

Title	CFO
Name	KARN, ROBERT
Address	212 S. CENTRAL AVENUE, SUITE 301
City-State-Zip:	ST. LOUIS MO 63105

Title	PRESIDENT
Name	RIESER, MARY F
Address	212 S. CENTRAL AVENUE, SUITE 301
City-State-Zip:	ST. LOUIS MO 63105

Title	PRESIDENT
Name	RUGGERI, JOSEPH
Address	212 S. CENTRAL AVENUE, SUITE 301
City-State-Zip:	ST. LOUIS MO 63105

Title	VP
Name	BAKKAR, RAMZY WADIE
Address	212 S. CENTRAL AVENUE, SUITE 301
City-State-Zip:	ST. LOUIS MO 63105

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: THERESA M. KENNEY**AUTH. REP.****04/09/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date