

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200000271

**Entity Name:** CHT BILLINGS MT SENIOR LIVING, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVENUE, 14TH FLOOR  
ORLANDO, FL 32801-3336

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802-4920 US

**FEI Number:** 61-1572186

**Certificate of Status Desired:** No

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

BRACCO, TRACEY B  
450 S. ORANGE AVENUE  
14TH FLOOR  
ORLANDO, FL 32801 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 BRACCO, TRACEY B  
Address 450 S. ORANGE AVENUE, 14TH FLOOR  
City-State-Zip: ORLANDO FL 32801-3336

Title MGR  
Name MAULDIN, STEPHEN H  
Address 450 S. ORANGE AVENUE, 14TH FLOOR  
City-State-Zip: ORLANDO FL 32801-3336

Title MANAGER  
Name DUARTE, IXCHELL C  
Address 450 S. ORANGE AVENUE, 14TH FLOOR  
City-State-Zip: ORLANDO FL 32801-3336

*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:** TRACEY B BRACCO

MGR

04/24/2023

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

\_\_\_\_\_  
Date