## 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000275

Entity Name: CHT CASPER WY SENIOR LIVING, LLC

Entity Name: Offi Onor Entity Octaon Entity

**Current Principal Place of Business:** 

450 S. ORANGE AVENUE, 14TH FLOOR

ORLANDO, FL 32801-3336

**Current Mailing Address:** 

P.O. BOX 4920

ORLANDO. FL 32802-4920

FEI Number: 61-1671977 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACCO, TRACEY B 450 S. ORANGE AVENUE, 14TH FLOOR ORLANDO, FL 32801-3336 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 Title MGR

Name STARR, JOHN F Name BRACCO, TRACEY B

Address 450 S. ORANGE AVENUE, 14TH Address 450 S. ORANGE AVENUE, 14TH

FLOOR FLOOR

City-State-Zip: ORLANDO FL 32801-3336 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

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

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/11/2022

FILED Apr 11, 2022

**Secretary of State** 

4528846326CC

Date