#### 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006412

Entity Name: GREYSTONE HOSPICE OF DISTRICT 6B LLC

# **Current Principal Place of Business:**

4042 PARK OAKS BLVD., SUITE 300 TAMPA, FL 33610

### **Current Mailing Address:**

4042 PARK OAKS BLVD., SUITE 300 TAMPA. FL 33610

FEI Number: 30-0803883 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

**FILED** Apr 21, 2014

**Secretary of State** 

CC7008032417

## Authorized Person(s) Detail:

Title MGRM

GREYSTONE HOSPICE OF FLORIDA Name

LLC

Address 152 W 57TH ST., FL. 60 City-State-Zip: NEW YORK NY 10019

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: CONSTANCE BESSLER

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

04/21/2014

Date