

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008797

Entity Name: TITAN SENIOR LIVING, LLC**Current Principal Place of Business:**6300 RIVERSIDE PLAZA NW SUITE 200
ALBUQUERQUE, NM 87120**Current Mailing Address:**6300 RIVERSIDE PLAZA NW SUITE 200
ALBUQUERQUE, NM 87120**FEI Number:** 46-2246215**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** PETER TRAWINSKI, ASSISTANCE SECRETARY

04/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	REID, KEVIN L
Address	6300 RIVERSIDE PLAZA NW SUITE 200
City-State-Zip:	ALBUQUERQUE NM 87120

Title	MGR
Name	DOLAN, ANDREW
Address	6300 RIVERSIDE PLAZA NW SUITE 200
City-State-Zip:	ALBUQUERQUE NM 87120

Title	MGR
Name	SPENCER, BEN F
Address	6300 RIVERSIDE PLAZA NW SUITE 200
City-State-Zip:	ALBUQUERQUE NM 87120

Title	MGR
Name	BROWNING, KURT
Address	6300 RIVERSIDE PLAZA NW SUITE 200
City-State-Zip:	ALBUQUERQUE NM 87120

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: BEN F. SPENCER**MANAGER**

04/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date