

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003174

**Entity Name:** HARBORCHASE OF VERO BEACH, LLC

**Current Principal Place of Business:**

958 20TH PLACE  
2ND FLOOR  
VERO BEACH, FL 32960

**Current Mailing Address:**

958 20TH PLACE  
2ND FLOOR  
VERO BEACH, FL 32960 US

**FEI Number:** 20-4054121

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
TALLAHASSEE, FL 32301 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 CHAIRMAN/MANAGING PARTNER  
Name SMICK, TIMOTHY S.  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT, CEO  
Name HANSON, SARABETH  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY/VICE PRESIDENT/CHIEF  
DEVELOPMENT OFFICER  
Name JENNINGS, CHARLES N.  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title ASSISTANT SECRETARY, CFO,  
TREASURER  
Name COLLINS, CHRIS  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

Title SOLE MANAGER  
Name SENIOR LIVING HOLDINGS, LLC  
Address 958 20TH PLACE  
2ND FLOOR  
City-State-Zip: VERO BEACH FL 32960

*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:** TIMOTHY S. SMICK

**CHAIRMAN/MANAGING  
PARTNER**

**04/21/2023**

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

\_\_\_\_\_  
Date