

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000002849

**Entity Name:** SABRA IL OPERATIONS, LLC

**Current Principal Place of Business:**

18500 VON KARMAN AVENUE  
SUITE 550  
IRVINE, CA 92612

**Current Mailing Address:**

18500 VON KARMAN AVENUE  
SUITE 550  
IRVINE, CA 92612 US

**FEI Number:** 83-4037518

**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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            MANAGER  
Name            SABRA HEALTH CARE LIMITED  
                    PARTNERSHIP  
Address        18500 VON KARMAN AVENUE  
                    SUITE 550  
City-State-Zip: IRVINE CA 92612

Title            PRESIDENT AND CHIEF EXECUTIVE  
                    OFFICER  
Name            COSTA, MICHAEL L.  
Address        18500 VON KARMAN AVENUE  
                    SUITE 550  
City-State-Zip: IRVINE CA 92612

*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:** MICHAEL L. COSTA

**PRESIDENT AND CHIEF  
EXECUTIVE OFFICER**

**04/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date