

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000004398

Entity Name: VILLA HEALTHCARE & REHABILITATION CENTER LLC

Current Principal Place of Business:

120 W CHIPOLA AVE
DELAND, FL 32720-7704

Current Mailing Address:

120 W CHIPOLA AVE
DELAND, FL 32720-7704 US

FEI Number: 88-1445068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERSTATE AGENT SERVICES, LLC
100 SE 2ND STREET STE 2000 #209
MIAMI, FL 33131 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 MGRM
Name VILLA SNF HOLDCO LLC
Address 400 RELLA BLVD
City-State-Zip: MONTEBELLO NY 10901

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: VILLA SNF HOLDCO LLC

MGRM

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date