

**2025 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:**

VSTATE FILINGS LLC.  
4522 INVERRARY BLVD  
LAUDERHILL, FL 33319 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

04/01/2025

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

\_\_\_\_\_  
Date