

2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000008153

Entity Name: THE VILLAGES NURSING AND REHAB LLC

Current Principal Place of Business:

900 HWY 466
LADY LAKE, FL 32159

Current Mailing Address:

900 HWY 466
LADY LAKE, FL 32159 US

FEI Number: 88-2695563

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 MBR
Name THE VILLAGES NURSING AND REHAD
HOLDCO LLC
Address 400 RELLA BLVD STE 200
City-State-Zip: MONTEBELLO NY 10901

Title AUTHORIZED REPRESENTATIVE
Name FLANDERS, JANEE
Address 900 HWY 466
City-State-Zip: LADY LAKE FL 32159

Title AUTHORIZED REPRESENTATIVE
Name FISK, LEON
Address 900 HWY 466
City-State-Zip: LADY LAKE FL 32159

Title AUTHORIZED REPRESENTATIVE
Name MILBURN, MINDY
Address 900 HWY 466
City-State-Zip: LADY LAKE FL 32159

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: THE VILLAGES NURSING AND REHAD HOLDCO
LLC

MBR

07/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date