#### **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005236

Entity Name: HAWTHORNE CARE CONSULTING LLC

**Current Principal Place of Business:** 

267 BROADWAY

## BROOKLYN, NY 11211

# **Current Mailing Address:**

2123 CENTRE POINTE BLVD TALLAHASSEE. FL 32308 US

FEI Number: 86-3572330 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

**FILED** Apr 11, 2023

**Secretary of State** 

2025003846CC

### Authorized Person(s) Detail:

Title **MEMBER** 

HAWTHORNE CARE MANAGEMENT Name

HOLDINGS LLC

2123 CENTRE POINTE BLVD Address City-State-Zip: TALLAHASSEE FL 32308

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: DANIEL GOTTESMAN

Electronic Signature of Signing Authorized Person(s) Detail

AΡ

04/11/2023

Date