

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90692 002 \*\*\*\*55.00

**DOCUMENT # L02000019433**

1. Entity Name  
**LTC HOLDINGS, LLC**



Principal Place of Business  
**1301 NORTHEAST 104TH STREET  
MIAMI SHORES FL 33138**

Mailing Address  
**1301 NORTHEAST 104TH STREET  
MIAMI SHORES FL 33138**

**44003293**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**806 W. DELEON ST  
SUITE, Apt. #, etc.  
SUITE C  
City & State  
TAMPA FL**

3. Mailing Address  
**806 W. DELEON ST  
SUITE, Apt. #, etc.  
SUITE C  
City & State  
TAMPA FL 33606**

4. FEI Number  
**01-0771640**

Applied For  
Not Applicable

Zip  
**33606**  
Country  
**Holland**

Zip  
**33606**  
Country  
**Holland**

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, BRIAN A  
C/O ADORNO & YOSS, P.A.  
2801 SOUTH BAYSHORE DRIVE, SUITE 1600  
MIAMI FL 33133**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>MANAGING MEMBER</b>	<b>GREEN MOUNTAIN BUSINESSES, INC.</b>	<b>806 W. DELEON ST.</b>	<b>TAMPA, FL 33606</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/30/03**

**813-258-8566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)