

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

04 FEB 17 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02052004 No Chg-LLC

CR2E083 (10/03)

DOCUMENT # L00000001521

1. Entity Name
WYNDCREST ELDERCARE HOLDINGS, LLC



Principal Place of Business
**16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

Mailing Address
**16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0975968

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUKES, JEFFREY
16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JK ELDRE CARE, LLC
16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

800028924978
02/17/04--01028--014 **600.00

**DO NOT WRITE
IN THIS SPACE**

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

JEFFREY KUKES

**16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

561.496.2123