

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90059 018 ****50.00

DOCUMENT # L01000002016

1. Entity Name

TOTAL CARE STAFFING SERVICES, L.L.C.



Principal Place of Business

**2655 LEJEUNE ROAD, SUITE 918
CORAL GABLES FL 33134**

Mailing Address

**2655 LEJEUNE ROAD, SUITE 918
CORAL GABLES FL 33134**

20020032



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2655 LeJeune Road

Suite, Apt. #, etc.

Suite 1000

City & State

Coral Gables, FL

Zip

33134

Country

U.S.

3. Mailing Address

2655 LeJeune Road

Suite, Apt. #, etc.

Suite 1000

City & State

Coral Gables, FL

Zip

33134

Country

U.S.

4. FEI Number

65-1074880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ESPINO, MARIO

**2655 LEJEUNE ROAD, SUITE 918
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Mario Espino

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Road, Suite 1000

City

Coral Gables

FL

Zip Code

33134

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
ESPINO, MARIO
8319 S.W. 193RD STREET
MIAMI FL 33157**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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]

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

Date

Daytime Phone #

CR2E083 (10/02)