

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90008 029 ****50.00

DOCUMENT # **201000016902**

1. Entity Name **PREFERRED LEGAL NURSE CONSULTANTS LLC**

Doc #:

DO NOT WRITE IN THIS SPACE

B0042023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 851 JOHNSON ST AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. 222		Suite, Apt. #, etc.	
City & State Stuart, FL		City & State	
Zip 34994	Country USA	Zip	Country
4. FEI Number 65-1119095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KATHLEEN S. Temple**
Street Address (P.O. Box Number is Not Acceptable)
3826 ST. FRANCES Rd.
City **FL PIERCE** FL Zip Code **34982**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER LINDA MAKAROWA 581 S.E. PON RICO TERRACE PORT ST. LUCIE, FL. 34983	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER KATHLEEN S. TEMPLE 3826 ST FRANCES FL. PIERCE, FL. 34982	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Linda Makarowa LINDA MAKAROWA 561-398-3770

CR2E083B (1/2001)