

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90007 014 \*\*\*\*50.00

**DOCUMENT # L02000000102**

**1. Entity Name**  
LTC STAFFING SERVICES, LLC



**Principal Place of Business**  
5300 WEST 16TH AVENUE  
HIALEAH, FL 33012

**Mailing Address**  
5300 WEST 16TH AVENUE  
HIALEAH, FL 33012

**30903302**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

**4. FEI Number**  
37-1419817

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

CORP.DIRECT AGENTS, INC.  
103 NORTH MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** P ☐ Delete  
**NAME** CROSS, KC  
**STREET ADDRESS** 5300 WEST 16TH AVENUE  
**CITY-ST-ZIP** HIALEAH, FL 33012

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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

**K. C. CROSS**

Date

Daytime Phone #

**305-556-3580**

LTC Staffing Services, LLC.

5300 W. 16th Avenue  
Hialeah, FL 33012

ATTACHMENT

3060331

WACHOVIA  
1900 W 49 Street  
Hialeah, FL 33012

63-643/670

496

HYDROXYDUTOURNIPPELEINWOCCHUNCOLOSCB  
EXH-0104-010710027411TELCTOJPAW  
WITZESHIKAPWTEKLESTZONHCLAC

Date 1/27/05

Pay to the Order of Florida Department of State

\$ 50.00

Fifty and 00/100 -XXXXXXXX

DOLLAR

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT(S)

	L 02000000102	50	00

Margaret Hernandez

[Redacted Signature]