

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90079 033 ****50.00

DOCUMENT # L02000000102

1. Entity Name

LTC STAFFING SERVICES, LLC



Principal Place of Business

2884 WEST ORCHARD CIRCLE
DAVIE FL 33328

Mailing Address

2884 WEST ORCHARD CIRCLE
DAVIE FL 33328

44001540



2. Principal Place of Business

440 PHIPPEN WAITERS RD

Suite, Apt. #, etc.

3. Mailing Address

440 PHIPPEN WAITERS RD

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DANIA BEACH FL

City & State

DANIA FL

4. FEI Number

37-1419817

Applied For

Not Applicable

Zip

33004

Country

Zip

33004

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSS, K.C.
2884 WEST ORCHARD CIRCLE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

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

440 PHIPPEN WAITERS RD

City

DANIA

FL

Zip Code

33004

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)

4/17/03

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
KC CROSS, President
STREET ADDRESS
440 PHIPPEN WAITERS RD
CITY-ST-ZIP
DANIA FL 33004

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

4/17/03

DATE

(954) 993-8028

Daytime Phone #

CR2003 (10/02)