

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000104

1. Entity Name
LIVINGWELL LADY AT WEST MIAMI, L.L.C.



FILED

03 JUL 30 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6601 NW 14TH STREET #2
PLANTATION, FL 33313

Mailing Address
6601 NW 14TH STREET #2
PLANTATION, FL 33313

2. Principal Place of Business
10564 SW 8th ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4503
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL
Zip
33174
Country
USA

City & State
FT LAUD, FL
Zip
33338
Country
USA

4. FEI Number
41-2026344
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMEONE, RICHARD J
4411 CLEVELAND AVE.
FT. MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
600021335558
07/30/03--01040--015 ***450.00
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 Agents 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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

William Green

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

5/30/03
Date

954.815.4609
Daytime Phone #

CR2E083 (10/02)