

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90217 041 ****50.00

DOCUMENT # L02000001534

1. Entity Name
ROYAL SENIOR CARE, LLC



Principal Place of Business
**1660 NE MIAMI GARDENS DRIVE
SUITE 1
MIAMI, FL 33179**

Mailing Address
**1660 NE MIAMI GARDENS DRIVE
SUITE 1
MIAMI, FL 33179**

20020310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

80-0030722

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

**SOFFER, AHARON
1660 NE MIAMI GARDENS DRIVE
SUITE 1
MIAMI, FL 33179**

Name **GAZIT SENIOR CARE, INC.**

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

1660 NE MIAMI GARDENS DRIVE

SUITE # 1

City **NORTH MIAMI BEACH FL**

Zip Code **33179**

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.

GAZIT SENIOR CARE, INC. 3/3/06

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00.
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SOFFER, AHARON
1660 NE MIAMI GARDENS DR., #1
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOFFER, AHARON
1660 NE MIAMI GARDENS DR., #1
N. MIAMI BEACH, FL 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BITTAN, AVI
1660 NE MIAMI GARDENS DR., #1
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BITTAN, AVI
1660 NE MIAMI GARDENS DR., #1
N. MIAMI BEACH, FL 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

AHARON SOFFER

3/3/06

Date

305-944-7988

Daytime Phone #