

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001534

Entity Name: ROYAL SENIOR CARE, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

1660 NE MIAMI GARDENS DRIVE
SUITE 1
MIAMI, FL 33179

Current Mailing Address:

1660 NE MIAMI GARDENS DRIVE
SUITE 1
MIAMI, FL 33179

New Principal Place of Business:

1660 NE MIAMI GARDENS DRIVE
SUITE 8
MIAMI, FL 33179 US

New Mailing Address:

1660 NE MIAMI GARDENS DRIVE
SUITE 8
MIAMI, FL 33179 US

FEI Number: 80-0030722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAZIT SENIOR CARE, INC
1660 NE MIAMI GARDENS DR
SUITE 1
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR., #1
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: BITTAN, AVI
Address: 1660 NE MIAMI GARDENS DR., #1
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR., #8
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP (X) Change () Addition
Name: BITTAN, AVI
Address: 1660 NE MIAMI GARDENS DR., #8
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AHARON SOFFER

P

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date