

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90021 005 ****50.00

DOCUMENT # L02000008611

1. Entity Name

COLCHRIS CARE LLC



Principal Place of Business

**6101 NW 85TH WAY
PEMBROKE PINES FL 33024**

Mailing Address

**PO BOX 210425
ROYAL PALM BEACH FL 33421**

60066040



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

601 NW 85 WAY

3. Mailing Address

P.O. Box 210425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Royal Palm Beach, FL

Zip

33024

Country
BROWARD

Zip

33421

Country
West Palm Beach

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, AUBIN W
505 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
Christine JACKSON
601 NW 85 WAY
Pembroke Pines, FL 33024**

☐ Delete

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

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☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)