


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State


03-24-2008 90239 044 ***138.75

DOCUMENT # L02000017696	
1. Entity Name WEST DIXIE CARE, LLC	

Principal Place of Business 16650 WEST DIXIE HIGHWAY MIAMI, FL 33161	Mailing Address 1055 N.E. 125TH STREET MIAMI, FL 33161
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10800 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 600
City & State	City & State North Miami, FL
Zip	Country USA
Country	Zip 33161

60016807



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 41-2051646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MICHAEL I. BERNSTEIN, P.A. 1680 MICHIGAN AVE. SUITE 736 MIAMI BEACH, FL 33139	

7. Name and Address of Now Registered Agent	
Name Same (Michael I. Bernstein, P.A.)	
Street Address (P.O. Box Number is Not Acceptable) 1688 Meridian Ave.	
Suite 418	
City Miami Beach	FL Zip Code 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHISGAL, BARRY 16650 WEST DIXIE HIGHWAY MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Annie Maresca **1/15/08** **305-981-8286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #