

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90185 035 *****50.00

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DOCUMENT # L02000024353

1. Entity Name

NP CARE, LLC



Principal Place of Business

24 NEWGATE ROAD
OXFORD CT 06478

Mailing Address

NP Care LLC
10284 N.W. 47 Street
Sunrise FL 33351
888-888-4907

NP Care LLC
10284 N.W. 47 Street
Sunrise FL 33351
888-888-4907

2. Principal Place of Business

318 Indian Trace

3. Mailing Address

318 Indian Trace

Suite, Apt. #, etc.

#151

Suite, Apt. #, etc.

#151

City & State

Weston FL 33326

City & State

Weston Florida

Zip

33326

Country

Broward

Zip

33326

Country

Broward

4. FEI Number

02-0644811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CHESS, ROBERT -
420 MONTCLAIRE DRIVE
WESTON FL 33326

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

Robert Chess Robert Chess

4/24/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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:

Robert Chess Robert Chess

4/24/03

954-349-6061

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

Date

Daytime Phone #

CR2E083 (10/02)