

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024757

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** RSC JACKSONVILLE BEACH, LLC

**Current Principal Place of Business:**

1660 N.E. MIAMI GARDENS DRIVE  
SUITE 8  
NORTH MIAMI BEACH, FL

**New Principal Place of Business:**

1660 N.E. MIAMI GARDENS DRIVE  
SUITE 8  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1660 N.E. MIAMI GARDENS DRIVE  
SUITE 8  
NORTH MIAMI BEACH, FL

**New Mailing Address:**

1660 N.E. MIAMI GARDENS DRIVE  
SUITE 8  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 73-1677037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROYAL SENIOR CARE, LLC.  
1660 NORTHEAST MIAMI GARDENS DRIVE  
SUITE 8  
NORTH MIAMI BEACH, 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:** MGR  
**Name:** BITTAN, AVI  
**Address:** 1660 N.E. MIAMI GARDENS DRIVE, STE. 8  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

**Title:** MGR  
**Name:** SOFFER, AHARON  
**Address:** 1660 N.E. MIAMI GARDENS DRIVE, STE. 8  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

I hereby 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

MGR

04/13/2010

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