## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025070

Entity Name: LEGACY NURSING HEALTHCARE AND CAREER INSTITUTE, LLC

FILED May 02, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2801 METRO DRIVE 602 4TH AVE W. RUSKIN, FL 33570 **BUILDING III** 

PALMETTO, FL 34221

**Current Mailing Address:** New Mailing Address:

P.O. BOX 7302 602 4TH AVE W. SUN CITY, FL 33586 **BUILDING III** PALMETTO, FL 34221

FEI Number: 86-1079976 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ABUNDANT BLESSING CONSULTING, INC. CHRISTIAN-SIMMONS, CATHY A MRS.

**1274 34TH STREET** PO BOX 7302

SARASOTA, FL 34234 SUN CITY, FL 33586 US US

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: CATHY A. CHRISTIAN-SIMMONS

05/02/2005 Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete SIMMONS, CATHY C CHRISTIAN-SIMMONS, CATHY A MRS. Name: Name:

Address: 2801 METRO DRIVE Address: 2801 METRO DRIVE City-St-Zip: RUSKIN, FL 33570 City-St-Zip: RUSKIN, FL 33570

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHY A. CHRISTIAN-SIMMONS **MRS** 05/02/2005