

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000029647

1. Entity Name

OAK CARE, LLC



FILED

2004 OCT 11 PM 4:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE

CR2E083 (4/04)

Principal Place of Business

C/O MCCANN DEVELOPMENT, LLC
84 BUSINESS PARK DRIVE
ARMONK NY 10504

Mailing Address

C/O MCCANN DEVELOPMENT, LLC
84 BUSINESS PARK DRIVE
ARMONK NY 10504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing member
OC Manager LLC
90 McCann Development, LLC
84 Business Park Drive
Armonk, NY 10504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500041780475
10/11/04--01049--017 **50.00

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NAME
STREET ADDRESS
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MEMBER
Robert Brahms
6 Davis Lane
Roslyn NY 11576

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

Date

Daytime Phone #