

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 012 ****50.00

DOCUMENT # L03000031423

1. Entity Name
RSC-JB MANAGEMENT, LLC



Principal Place of Business
**1660 N.E. MIAMI GARDENS DR, STE ONE
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1660 N.E. MIAMI GARDENS DR, STE ONE
NORTH MIAMI BEACH, FL 33179**

60025539



01172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1677018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROYAL SENIOR CARE, LLC
1660 NE MIAMI GARDENS DR
STE 1
NORTH MIAMI BCH, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BITTAN, AVI
1660 N.E. MIAMI GARDENS DR, STE ONE
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
SOFFER, AHARON
1660 N.E. MIAMI GARDENS DR, STE ONE
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

3.13.07

Date

Daytime Phone #