

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90129 006 \*\*\*\*50.00

**DOCUMENT # L04000040477**



1. Entity Name

**SUN CITY CENTER URGENT CARE CENTER LLC**

Principal Place of Business

**3909 GALEN COURT  
SUITE B2  
SUN CITY CENTER FL 33573**

Mailing Address

**3909 GALEN COURT  
SUITE B2  
SUN CITY CENTER FL 33573**

**2001444J**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**4020 SUN CITY CENTER BLVD.**

Suite, Apt. #, etc.

**STE. 1**

City & State

**SUN CITY CENTER, FL.**

Zip

**33573**

Country

**USA**

4. FEI Number

**76-0759450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LABARBERA, JOSEPH  
3909 GALEN COURT  
SUITE B2  
SUN CITY CENTER FL 33573**

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

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, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HAFEEZ, JAVED**  
STREET ADDRESS **3909 GALEN COURT STE B2**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **MGR** ☐ Delete  
NAME **SALVADOR, GASPAS**  
STREET ADDRESS **3909 GALEN COURT STE B2**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **MGR** ☐ Delete  
NAME **MARQUEZ, BENJAMIN**  
STREET ADDRESS **3909 GALEN COURT STE B2**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **MGR** ☐ Delete  
NAME **LABARBERA, JOSEPH**  
STREET ADDRESS **3909 GALEN COURT STE B2**  
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**BENJAMIN P. MARQUEZ, PARTNER 2/9/05 (813) 634-5502**

Date

Daytime Phone #