

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000060748

1. Entity Name
RSC OAKLEAF LEXINGTON, LLC



Principal Place of Business
1660 N.E. MIAMI GARDENS DRIVE
SUITE ONE
NORTH MIAMI BEACH, FL 33179

Mailing Address
1660 N.E. MIAMI GARDENS DRIVE
SUITE ONE
NORTH MIAMI BEACH, FL 33179



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0819601

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
SUITE 1
NORTH MIAMI BEACH, 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000869631
04/09/08-80058-014 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

3-24-08

Date

305 944 7988

Daytime Phone #