

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90464 037 \*\*\*\*50.00

**DOCUMENT # L04000084074**

1. Entity Name  
RSC PRESIDENTIAL, 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

**40037614**



01172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1588884

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 DRIVE  
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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE MGR  
NAME SOFFER, AHARON  
STREET ADDRESS 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE  
CITY-ST-ZIP 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

**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]*

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

*3.13.2007*

Date

Daytime Phone #