


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90042 011 ****50.00

DOCUMENT # L05000022956	
1. Entity Name GERI-CARE CONNECTION SOUTH LLC	

Principal Place of Business 9300 SW 8TH ST APT 410 BOCA RATON, FL 33428	Mailing Address 9300 SW 8TH ST APT 410 BOCA RATON, FL 33428
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01172006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 753185489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
JEFFREY S. GEROW, P.A. 4800 NORTH FEDERAL HWY SUITE 307B BOCA RATON, FL 33431	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARNHAM, JOHN PAULDING III 9300 SW 8TH ST, APT 410 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARNHAM, RINDA 9300 SW 8TH ST, APT 410 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		



ATTACHMENT
20002540
Division of Corporations

Annual Report

Annual Report Help

Document Number

L05000022956

Business Entity Name

GERI-CARE CONNECTION SOUTH LLC

FEI Number **753185489**
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address **410 W Atlantic Ave**
Suite, Apt. #, etc. **Suite 14**
City, State **Delray Beach**, **FL**
Zip Code & Country **33444**

Mailing Address

Address **158 Jelliff Mill Rd.**
Suite, Apt. #, etc.
City, State **New Canaan**, **CT**
Zip Code & Country **06840**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA **JEFFREY S. GEROW, P.A.**

Address (PO Box is not acceptable) **4800 NORTH FEDERAL HWY**

Suite, Apt. #, etc. **SUITE 307B**

City, State **BOCA RATON**, **FL**

Zip Code & Country **33431** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA.

20002540
L05000022956**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title Admi
Name (Last, First, Middle, Title) FARNHAM, JOHN PAULDINC, III
- OR -
Entity Name to serve as MGR or MGRM
Street Address 2542 Bessie St.
City, State Delray Beach, FL
Zip Code & Country 33444

Title owne
Name (Last, First, Middle, Title) FARNHAM, RINDA
- OR -
Entity Name to serve as MGR or MGRM
Street Address 255 NE 3rd Ave
City, State Delray Beach, FL
Zip Code & Country 33444

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as MGR or MGRM

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

ATTACHMENT

20062540
L05000022956

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title *President, Owner*

Managing Member/Manager Signature

Rinda Farnham
[Signature]

Rinda Farnham

The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over