

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000022956

1. Entity Name

GERI-CARE CONNECTION SOUTH LLC



Principal Place of Business

401 W. ATLANTIC BLVD.
014
DELRAY BEACH, FL 33444

Mailing Address

158 JELLIFF MILL RD.
NEW CANAAN, CT 06840



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3185489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FARNHAM, JOHN PAULDING III
STREET ADDRESS	2542 BESSIE ST.
CITY-ST-ZIP	BOCA RATON, FL 33444
TITLE	MGRM
NAME	FARNHAM, RINDA
STREET ADDRESS	158 JELLIFF MILL RD.
CITY-ST-ZIP	NEW CANAAN, CT 06840
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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01/23/08-80043-003 138.75

**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

Date

Daytime Phone #