

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

03-19-2007 90464 035 \*\*\*\*\*50.00

**DOCUMENT # L05000070433**

1. Entity Name

RSC REMINGTON, 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

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

35-2258480

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  
STE 1  
MIAMI, FL 33179

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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 NE MIAMI GARDENS DRIVE, SUITE ONE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE MGR  
NAME SOFFER, AHARON  
STREET ADDRESS 1660 NE 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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 SIGNER, MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3.13.2007

Date

Daytime Phone #