


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L05000070433</b>	
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



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 35-2258480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000859630  
04/09/08-80058-013 138.75

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

3-24-08

Date

305 944 7988

Daytime Phone #