

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90216 015 ****50.00

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02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number **30-0326158** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
SEVENTH FLOOR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name **ROYAL SENIOR CARE, LLC**
Street Address (P.O. Box Number is Not Acceptable) **1660 NE MIAMI GARDENS DRIVE**
SUITE # 1
City **NORTH MIAMI BEACH FL** Zip Code **33179**

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 **ROYAL SENIOR CARE, LLC** DATE **3/3/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGR** ☐ Delete
NAME **SOFFER, AHARON**
STREET ADDRESS **1660 N.E. MIAMI GARDENS DRIVE**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **AHARON SOFFER** DATE **3/3/06** DAYTIME PHONE # **305-944-7988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE