

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070629

Entity Name: RSC-CGA, LLC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

1660 N.E. MIAMI GARDENS DRIVE
SUITE ONE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1660 N.E. MIAMI GARDENS DRIVE
SUITE 8
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1660 N.E. MIAMI GARDENS DRIVE
SUITE ONE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

1660 N.E. MIAMI GARDENS DRIVE
SUITE 8
NORTH MIAMI BEACH, FL 33179

FEI Number: 30-0326158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYAL SENIOR CARE,LLC
1660 N.E. MIAMI GARDENS DR
STE. 1
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

ROYAL SENIOR CARE,LLC
1660 N.E. MIAMI GARDENS DR
STE. 8
MIAMI, FL 33179 US

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.

SIGNATURE:

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BITTAN, AVI
Address: 1660 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR () Delete
Name: SOFFER, AHARON
Address: 1660 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BITTAN, AVI
Address: 1660 N.E. MIAMI GARDENS DRIVE, STE. 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR (X) Change () Addition
Name: SOFFER, AHARON
Address: 1660 N.E. MIAMI GARDENS DRIVE, STE. 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AVI BITTAN

MGR

02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date