

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90178 011 ***138.75

DOCUMENT # L06000036921

1. Entity Name
SCI-ALF CAMELLIA OPERATOR, LLC



Principal Place of Business
1240 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

Mailing Address
1240 MARBELLA PLAZA DRIVE
TAMPA, FL 33619



02152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THORN, REBECCA G
1240 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SENIOR CARE INTERNATIONAL, LLC
STREET ADDRESS 124-0 MARBELLA PLAZA DRIVE
CITY-ST-ZIP TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #