

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-19-2007 90464 040 ****50.00

DOCUMENT # L06000069062

1. Entity Name
RSC SANDY PLAINS, 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**

40037611



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5205065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYAL SENIOR CARE, LLC
1660 N.E. MIAMI GARDENS DRIVE
SUITE ONE
NORTH MIAMI BEACH, FL 33179**

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/2007

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGR
BITTAN, AVI
1660 NE MIAMI GARDENS DRIVE #1
N. MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGR
SOFFER, AHARON
1660 NE MIAMI GARDENS DRIVE #1
N. MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/13/2007