

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000069081

1. Entity Name
RSC-KGA MANAGEMENT, 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



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5205106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000869720
04/09/08-80060-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BITTAN, AVI
STREET ADDRESS 1660 NE MIAMI GARDENS DR STE 1
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE MGR
NAME SOFFER, AHARON
STREET ADDRESS 1660 NE MIAMI GARDENS DR STE 1
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 #