

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-19-2007 90464 022 ****50.00

DOCUMENT # L06000069088

1. Entity Name
RSC BROOKSTONE, LLC



Principal Place of Business
1660 N.E. MIAMI GARDENS DRIVE
STE ONE
NORTH MIAMI BEACH, FL 33179

Mailing Address
1660 N.E. MIAMI GARDENS DRIVE
STE ONE
NORTH MIAMI BEACH, FL 33179

40037629



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5204891

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
STE 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 title 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/13/2007

Date

Daytime Phone #