

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90148 018 ***138.75

DOCUMENT #L07000101054

1. Entity Name
GOLDEN YEARS HEALTH SERVICES, LLC



Principal Place of Business
**96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954**

Mailing Address
**96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954**

60015833



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number

045-0577294

Applied For

Not Applicable

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

**LAWSON, OLGA
96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LAWSON, OLGA
96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LAWSON, PRINCE
96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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TITLE
NAME
STREET ADDRESS
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 #

Olga Lawson 03/10/08 941-613-1212