2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008479**

1. Entity Name

LADY LAKE CARE, LLC

FILED

01 MAY -3 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
630 GRIFFIN AVE. LADY LAKE FL 32159	111 W. MICHIGAN STREET MILWAUKEE WI 53203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Zip	Country	Zip	Country

4. FEI Number **39-1978988**

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
LEXIS DOCUMENT SERVICES, INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311	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.

SIGNATURE _____

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

500004323715 0
-05/25/01--01076--007
*****50.00   *****50.00

9.	MANAGING MEMBERS / MEMBERS		10.		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**MGRM** **NORTHERN HEALTH FACILITIES, INC.** **111 W. MICHIGAN STREET** **MILWAUKEE WI 53203**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _WACTER A. LEVONOWICH_ 4/19/01 414/908-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #