

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001975

1. Entity Name

SENIOR CARE SOUTHERN PINES, LLC



Principal Place of Business

277 MALLORY STATION RD., STE. 130
FRANKLIN TN 37067

Mailing Address

277 MALLORY STATION RD., STE. 130
FRANKLIN TN 37067

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

62-1873947

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SENIOR CARE FLORIDA LEASING LLC
277 MALLORY STATION RD., STE. 130
FRANKLIN TN 37067 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
000000122619
04/26/04-80046-002 50.00

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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:

Glynn Riddle

Glynn Riddle

3/25/04

(615) 771-7575

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

Date

Daytime Phone #