

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009831

Entity Name: ABBIEJEAN RUSSELL CARE CENTER, LLC

Current Principal Place of Business:

700 S. 29TH STREET
FORT PIERCE, FL 34947

Current Mailing Address:

700 S. 29TH STREET
FORT PIERCE, FL 34947 US

FEI Number: 06-1684350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE T
6075 SUNSET DRIVE
SUITE 201
MIAMI, FL 33143 US

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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FANNIN, DEBORAH D
Address 1835 N.E. MIAMI GARDENS DRIVE
#167
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGRM
Name GONZALEZ, MARIA E
Address 1835 N.E. MIAMI GARDENS DRIVE 167
City-State-Zip: NORTH MIAMI BEACH FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA GONZALEZ

MGRM

04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date