2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # L05000000348** 1. Entity Name 04-13-2005 90214 033 ****50.00 RICH'S TOTAL CARE TAKING LLC Mailing Address Principal Place of Business 6069 MANASOTA KEY ROAD ENGLEWOOD FL 34223 6069 MANASOTA KEY ROAD ENGLEWOOD FL 34223 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLUM, LAURA A CPA Street Address (P.O. Box Number is Not Acceptable) 1800 2ND STREET, STE. 745 \sim . SARASOTA FL 34236 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!}FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. HITE F ☐ Change ☐ Addition TITLE MGR Delete NAMÉ NAME LAGREGO, RICHARD 6069 MANASOTA KEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST- ZIP ENGLEWOOD FL 34223 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY.SI. 7P Addition _ Delete TITLE, HILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-71P Delete Change Addition | UILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete FILLE ■ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST- DP CITY ST. 7IP 11. I hereby certify that the information supplied with this liling 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 508, Florida Statutes. SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 09, 2005 8:00 am