

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061048

Entity Name: E-CARE SYSTEMS, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

3848 SW 30 AVENUE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3848 SW 30 AVENUE
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-3040095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHS, JOSEPH D CPA
6175 NW 153 STREET
SUITE 215
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: E-CARE SYSTEMS, LLC,
Address: 3848 SW 30 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGR () Delete
Name: NEWTON, TERRY L
Address: 370 SE 3 STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MONIQUE TRAAD

MGR

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date