

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076986

Entity Name: ALL ABOUT AGING, LLC

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

520 SOUTH FLORIDA AVENUE
SUITE E
LAKELAND, FL 33801 US

New Principal Place of Business:

2801 COUNTRY CLUB RD N
WINTER HAVEN, FL 33881 US

Current Mailing Address:

P.O. BOX 8087
LAKELAND, FL 33802 US

New Mailing Address:

2801 COUNTRY CLUB RD N
WINTER HAVEN, FL 33881 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AIRTH, HAL A JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 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: MS. () Delete
Name: HERRINGTON, BARBARA
Address: 520 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33802

ADDITIONS/CHANGES:

Title: MS. (X) Change () Addition
Name: HERRINGTON, BARBARA
Address: P O BOX 2745
City-St-Zip: WINTER HAVEN, FL 33883 FL

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: BARBARA HERRINGTON

OWNE

02/06/2008

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