

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101716

FILED
Apr 17, 2009
Secretary of State

Entity Name: RICHARDSON HOME CARE LLC

Current Principal Place of Business:

6862 CEDAR LAKE DR
PENSACOLA, FL 32526 US

New Principal Place of Business:

4646 CANTER ROW
PENSACOLA, FL 32526 US

Current Mailing Address:

6862 CEDAR LAKE DR
PENSACOLA, FL 32526 US

New Mailing Address:

4646 CANTER ROW
PENSACOLA, FL 32526 US

FEI Number: 20-5738872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDSON, TINA M
6862 CEDAR LAKE DR
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

RICHARDSON, TINA M
4646 CANTER ROW
PENSACOLA, FL 32526 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: _____

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHARDSON, DENNIS R
Address: 6862 CEDAR LAKE DR
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM () Delete
Name: RICHARDSON, TINA M
Address: 6862 CEDAR LAKE DR
City-St-Zip: PENSACOLA, FL 32526 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RICHARDSON, DENNIS R
Address: 4646 CANTER ROW
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM (X) Change () Addition
Name: RICHARDSON, TINA M
Address: 4646 CANTER ROW
City-St-Zip: PENSACOLA, FL 32526 US

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: DENNIS RICHARDSON

MGR

04/17/2009

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