2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L06000117510

Entity Name: TOMMY'S HOME CAREGIVING AND COMPANIONSHIP SERVICES LLC

Current Principal Place of Business:

504 WESTBOROUGH LANE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

500 HAVERHILL LANE
SAFETY HARBOR, FL 34695

Current Mailing Address:

504 WESTBOROUGH LANE
SAFETY HARBOR, FL 34695

New Mailing Address:

500 HAVERHILL LANE
SAFETY HARBOR, FL 34695

FEI Number: 41-2221781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIEZ, TOMMY
504 WESTBOROUGH LANE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

DIEZ, TOMMY
500 HAVERHILL LANE
SAFETY HARBOR, FL 34695 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: 04/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DIEZ, TOMMY
Address: 504 WESTBOROUGH LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DIEZ, TOMMY G
Address: 500 HAVERHILL LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR ( ) Change (X) Addition
Name: DIEZ, MELISSA A
Address: 500 HAVERHILL LANE
City-St-Zip: SAFETY HARBOR, FL 34695

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: MELISSA DIEZ MGR 04/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date