2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# L07000106511

Entity Name: FAMILY COMFORT HOME ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

1529 CLARK ST
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1529 CLARK ST
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 26-1140480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMIGHOD, EVANGELIN G MISS
1529 CLARK ST
CLEARWATER, FL 33755 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: MGRM
Name: COMIGHOD, EVANGELIN G MISS
Address: 1529 CLARK ST
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM
Name: BANGA, RANJOE I MR
Address: 1529 CLARK ST
City-St-Zip: CLEARWATER, FL 33755

I hereby 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 Statues.

SIGNATURE: EVANGELIN G. COMIGHOD MGRM 04/26/2012

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