

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121099

FILED
Jan 04, 2011
Secretary of State

Entity Name: AUTUMN HOME CARE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

10773 70TH AVE N
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

10773 70TH AVE N
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 26-1520702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, PATRICK
10773 70TH AVE N
SEMINOLE, FL 33772 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
Name: AMBROSE, PATRICK
Address: 10773 70TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: MGR
Name: TUTHILL, WILLIAM T
Address: 161 BARBADOS DR
City-St-Zip: JACKSONVILLE, FL 33458

Title: MGR
Name: TUTHILL, SUSAN
Address: 161 BARBADOS DR
City-St-Zip: JACKSONVILLE, FL 33458

Title: MGR
Name: WALTERS, DOUGLAS C
Address: 11437 30TH COVE E.
City-St-Zip: PARRISH, FL 34219

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 Statutes.

SIGNATURE: PATRICK AMBROSE

MGR

01/04/2011

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