

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056199

Entity Name: SOLUTIONS CARE LLC

FILED  
Apr 29, 2010  
Secretary of State

**Current Principal Place of Business:**

11814 WHISPER CREEK DR  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

11814 WHISPER CREEK DR  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

FEI Number: 26-3203129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON-SILER, TRINA  
11814 WHISPER CREEK DR  
RIVERVIEW, FL 33569 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: ROBINSON-SILER, TRINA  
Address: 11814 WHISPER CREEK DR  
City-St-Zip: RIVERVIEW, FL 33569 US

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: TRINA R. SILER

MGRM

04/29/2010

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