

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070504

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** HOME HEALTH MENTORS LLC

**Current Principal Place of Business:**

2525 SUMMER GLEN DRIVE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

2525 SUMMER GLEN DRIVE  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 27-2969344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLGUIN, JOSE B  
7257 BRANCHTREE DRIVE  
ORLANDO, FL 32835 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: HOLGUIN, MINETTA L  
Address: 2525 SUMMER GLEN DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: MGRM  
Name: HAYNES, DASIAQUAN  
Address: 4550 HERITAGE OAK DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: MGRM  
Name: HOLGUIN, JOSE B  
Address: 7257 BRANCHTREE DRIVE  
City-St-Zip: ORLANDO, FL 32835

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: MINETTA HOLGUIN

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04/25/2011

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