

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000075591

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** COMPASSIONATE HOME CARE SERVICES LLC

**Current Principal Place of Business:**

28492 DEL LAGO WAY  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

19638 VILLA ROSA LOOP  
FT. MYERS, FL 33967

**Current Mailing Address:**

28492 DEL LAGO WAY  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

19638 VILLA ROSA LOOP  
FT. MYERS, FL 33967

FEI Number: 27-3075286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ULRICH, THERESA  
28492 DEL LAGO WAY  
BONITA SPRINGS, FL 34135 US

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

NELSON, ERMA  
19638 VILLA ROSA LOOP  
FT. MYERS, FL 33967 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: ERMA NELSON

02/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NELSON, ERMA  
Address: 19638 VILLA ROSA LOOP  
City-St-Zip: FT. MYERS, FL 33967

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: ERMA NELSON

MGRM

02/18/2011

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