

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061774

FILED
Mar 04, 2012
Secretary of State

Entity Name: ALL ABOUT HOME CARE MANAGEMENT, LLC

Current Principal Place of Business:

6158 SW STATE RD 200
SUITE 204
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

695 NE 100TH STREET
OCALA, FL 34479

New Mailing Address:

FEI Number: 45-2401497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPPELL, TRACY
695 NE 100TH STREET
OCALA, FL 34479 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: CHAPPELL, TRACY
Address: 695 NE 100TH STREET
City-St-Zip: OCALA, FL 34479 US

Title: MGR
Name: ILAGAN, NANCY
Address: 11535 CORTEZ BOULEVARD
City-St-Zip: BROOKSVILLE, FL 346137373 US

Title: MGR
Name: SAMAREL, JANICE
Address: 11658 SW 50TH AVENUE
City-St-Zip: OCALA, FL 34476 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: TRACY CHAPPELL

MGRM

03/04/2012

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