

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000116263

FILED
Jun 12, 2012
Secretary of State

Entity Name: CARE GIVERS PLUS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

640 EAST OCEAN AVENUE
SUITE 16
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

185 NE 4TH AVENUE 203 EAST
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 38-3853362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALON, DEVINE
185 NE 4TH AVENUE 203 EAST
DELRAY BEACH, FL 33483 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: CARE GIVERS PLUS HOLDINGS, LLC
Address: 640 EAST OCEAN AVENUE, SUITE 16
City-St-Zip: BOYNTON BEACH, FL 33435

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: MALON DEVINE, PRESIDENT OF MANAGING MEMBER MGRM 06/12/2012

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