

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026623

FILED
Apr 30, 2008
Secretary of State

Entity Name: ALONDA STEWARD SUPERIOR CARE, LLC

Current Principal Place of Business:

P.O. BOX 2266
JACKONVILLE, FL 32203

New Principal Place of Business:

3542 PENTON STREET
JACKONVILLE, FL 32209

Current Mailing Address:

P.O. BOX 2266
JACKONVILLE, FL 32203

New Mailing Address:

3542 PENTON STREET
JACKONVILLE, FL 32209

FEI Number: 41-2231619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYAH, MALACHI S
2424 N MYRTLE AVENUE, SUITE 3
JACKSONVILLE, FL 32209 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: CEO () Delete
Name: STEWARD, ALONDA
Address: P.O. BOX 2266
City-St-Zip: JACKSONVILLE, FL 32203

Title: VP () Delete
Name: BEYAH, MALACHI S
Address: 2424 N MYRTLE AVENUE, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: STEWARD, ALONDA
Address: 3542 PENTON STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALONDA L. STEWARD

CEO

04/30/2008

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