

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000035520

**Entity Name:** JUST LIKE FAMILY HOME CARE, LLC

**Current Principal Place of Business:**

4500 EXECUTIVE DRIVE SUITE #320  
NAPLES, FL 34119

**Current Mailing Address:**

4500 EXECUTIVE DRIVE SUITE #320  
NAPLES, FL 34119 US

**FEI Number:** 20-4652933

**Certificate of Status Desired:** No

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

NASSBERG, JACOB  
4500 EXECUTIVE DRIVE SUITE #320  
NAPLES, FL 34119 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NASSBERG, ELISABETH  
Address 4500 EXECUTIVE DRIVE SUITE #320  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name NASSBERG, JACOB  
Address 4500 EXECUTIVE DRIVE SUITE #320  
City-State-Zip: NAPLES FL 34119

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELISABETH NASSBERG

**MGRM**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date