

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076986

Entity Name: ALL ABOUT AGING, LLC

Current Principal Place of Business:

2801 COUNTRY CLUB RD N
WINTER HAVEN, FL 33881

Current Mailing Address:

P O BOX 2745
WINTER HAVEN, FL 33883 US

FEI Number: 20-5323350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, TIMOTHY F
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 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 MS.
Name HERRINGTON, BARBARA
Address P O BOX 2745
City-State-Zip: WINTER HAVEN FL 33883

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: BARBARA HERRINGTON

OWNER

03/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date