#### 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/14/2014

SIGNATUR

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: CHARLIE'S HOME CARE, LLC

## **Current Principal Place of Business:**

2773 LONG VIEW DRIVE CLEARWATER, FL 33761

# **Current Mailing Address:**

DOCUMENT# L06000100328

2773 LONG VIEW DRIVE CLEARWATER. FL 33761 US

## FEI Number: 20-5712720

### Name and Address of Current Registered Agent:

NELSON, ELSIE N 2773 LONG VIEW DRIVE CLEARWATER, FL 33761 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

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	NELSON, ELSIE N	Name	NELSON, CHARLIE M
Address	2773 LONG VIEW DRIVE	Address	2773 LONG VIEW DRIVE
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761

RE: ELSIE NELSON	MANAGER

Certificate of Status Desired: No

# FILED Jan 14, 2014 Secretary of State CC1721135434

Date

Date