#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061774

Entity Name: ALL ABOUT HOME CARE MANAGEMENT, LLC

FILED
Jan 18, 2014
Secretary of State
CC7038038301

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

6158 SW STATE RD 200 SUITE 204 OCALA, FL 34476

## **Current Mailing Address:**

695 NE 100TH STREET OCALA, FL 34479

FEI Number: 45-2401497 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CHAPPELL, TRACY 695 NE 100TH STREET OCALA, FL 34479 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 Title MGR

Name CHAPPELL, TRACY Name ILAGAN, NANCY

Address 695 NE 100TH STREET Address 11535 CORTEZ BOULEVARD

City-State-Zip: OCALA FL 34479 City-State-Zip: BROOKSVILLE FL 34613-7373

Title MGR

Name SAMAREL, JANICE

Address 11658 SW 50TH AVENUE

City-State-Zip: OCALA FL 34476

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.

SIGNATURE: TRACY CHAPPELL

MANAGING MEMBER

01/18/2014