

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000116263

Entity Name: CARE GIVERS PLUS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

640 EAST OCEAN AVENUE
SUITE 16
BOYNTON BEACH, FL 33435

Current Mailing Address:

185 NE 4TH AVENUE 203 EAST
DELRAY BEACH, FL 33483

FEI Number: 38-3853362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALON, DEVINE
185 NE 4TH AVENUE 203 EAST
DELRAY BEACH, FL 33483 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 CARE GIVERS PLUS HOLDINGS, LLC
Address 640 EAST OCEAN AVENUE, SUITE 16
City-State-Zip: BOYNTON BEACH FL 33435

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: MALON DEVINE

MANAGER

01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date