

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000025049

Entity Name: HOMECARE STAFFING SERVICES, LLC.

Current Principal Place of Business:

618 SW 3RD STREET
SUITE 117
CAPE CORAL, FL 33991

Current Mailing Address:

618 SW 3RD STREET
SUITE 117
CAPE CORAL, FL 33991 US

FEI Number: 45-4527166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRIOS, GREGORY
426 NE 23RD TERRACE
CAPE CORAL, FL 33909 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	MGRM
Name	BARRIOS, GREGORY	Name	PISTONE, NICOLE MARIE
Address	426 NE 23RD TERRACE	Address	606 SE 16TH TERRACE
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33990
Title	MANAGER	Title	MANAGER
Name	KELLERMEYER, DAVID M	Name	NO.AM, INC
Address	1754 LAKEVIEW BLVD	Address	7953 STATE HWY 55 UNIT A
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	ROCKFORD MN 55373
Title	MANAGER	Title	MANAGER
Name	BATTAIA, TAMARA	Name	KIEFFER, KRISTA
Address	1810 SE 18TH TERRACE	Address	1414 SE 1ST TERRACE
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33990

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: GREGORY BARRIOS

CEO

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date