

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Apr 02, 2013
Secretary of State
CC7185793709

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	MANAGING MEMBER		
Name	KELLERMEYER, DAVID M		
Address	1754 LAKEVIEW BLVD		
City-State-Zip:	NORTH FORT MYERS FL 33903		

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: GREGORY BARRIOS

CEO

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date