

**2013 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

*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 B. BARRIOS

CEO

02/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date