

**LIMITED LIABILITY COMPANY 2002
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 008 ****50.00

DOCUMENT # L00000012607

1. Entity Name

Human Care, L.L.C. ✓

DO NOT WRITE IN THIS SPACE

974675

2. Principal Place of Business
1318 Lafayette St.

3. Mailing Address
1318 Lafayette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

4. FEI Number

65-1081122

Applied For

Not Applicable

Zip
33904

Country

Zip
33904

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas W. Hill

Street Address (P.O. Box Number is Not Acceptable)

1318 Lafayette St.

City

Cape Coral

FL

Zip Code
33904

**DO NOT WRITE
IN THIS SPACE**

8. 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

Thomas W. Hill

7-3-2002

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mem
Frank e, Peter
1318 Lafayette St.
Cape Coral, Florida 33904

TITLE
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

Peter Franke

Peter Franke

7-15-02

239-549-2444