

May 01, 2008 08
Secretary of State**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000012607

1. Entity Name
HUMAN CARE, L.L.C.Principal Place of Business
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904Mailing Address
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

04162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-1081122Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature is required when re-electing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**U000000936396
05/27/08-80008-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
FRANKE, PETER
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PETER FRANKE

04-29-08 239-549-2444

Date

Daytime Phone #