

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90042 032 ****50.00

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DOCUMENT # L02000023404

1. Entity Name
ANGELS OF CARE, LLC



Principal Place of Business
**2562 CARTER GROVE CIRCLE
WINDERMERE FL 34786**

Mailing Address
**2562 CARTER GROVE CIRCLE
WINDERMERE FL 34786**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
55-0796942

Applied For...
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGES, GEORGE
585 SOUTH CR-427, SUITE 121
LONGWOOD FL 32750-5462**

Name
Street Address (P.O. Box Number is Not Acceptable)
585 SOUTH RONALD REAGAN BLVD., SUITE 121
City **LONGWOOD** FL Zip Code **32750-5462**

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 *George Hodges* **GEORGE HODGES, EA** 3-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM LAMBERT, MARILYN**
STREET ADDRESS **2562 CARTER GROVE CIRCLE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM WELLS, JENNA**
STREET ADDRESS **2208 BRADFORD COURT**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marilyn Lambert* **MARILYN LAMBERT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

407-909-0526

Date Daytime Phone #

CR2E083 (10/02)