

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90051 003 ***138.75

DOCUMENT # L03000003345

1. Entity Name

BROWN'S ADULT FAMILY CARE HOME, LLC



Principal Place of Business

**5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

Mailing Address

**5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

DO NOT WRITE IN THIS SPACE



05062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

56-2319693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, CARON
5946 PAINTED PONY DR.
JACKSONVILLE, FL 32244**

**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

Caron Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-08

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWN, CARON
5946 PAINTED PONY DR
JACKSONVILLE, FL 32244**

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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:

Caron Brown

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

Date

Daytime Phone #

5-6-08