

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003872 1. Entity Name GANESH ADULT FAMILY CARE HOME, LLC	
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Principal Place of Business 1447 S.E. 21ST STREET CAPE CORAL, FL 33990	Mailing Address 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
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DO NOT WRITE IN THIS SPACE



07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3677495	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GANESH, EDWINA 1447 S.E. 21ST STREET CAPE CORAL, FL 33990

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000572685
07/28/06-80009-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANESH, EDWINA 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANESH, SEEMANGAL 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Edwin Ganes*

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

07/01/06

Date

239-458-5626

Daytime Phone #