

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009955

FILED
Sep 08, 2004
Secretary of State

Entity Name: MOM CARES, LLC

Current Principal Place of Business:

13050 WEXFORD HOLLOW ROAD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13050 WEXFORD HOLLOW ROAD
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET STE. 1800
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WIDELL, SHAWN C MGRM
Address: 13050 WEXFORD HOLLOW RD
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHAWN C WIDELL MGRM 09/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date