

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018614

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CLASSIC CARE FOR YOU, LLC

**Current Principal Place of Business:**

1933 NE 164 ST  
MIAMI, FL 33162

**New Principal Place of Business:**

20305 BISCAYNE BLVD  
MIAMI, FL 33180

**Current Mailing Address:**

1933 NE 164 ST  
420  
MIAMI, FL 33162

**New Mailing Address:**

20305 BISCAYNE BLVD  
MIAMI, FL 33180

**FEI Number:** 11-3602273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARLTON, ALDER L  
480 NORTH PARKWAY  
GOLDEN BEACH, FL 33160 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: TERRY, ADLER  
Address: 17395 NORTH BAY ROAD #200A  
City-St-Zip: NORTH MIAMI, FL 33160

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: BING, CASTRO  
Address: 20305 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** BING CASTRO

MR

04/30/2009

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