

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032632

FILED
Sep 09, 2006
Secretary of State

Entity Name: CARE HOMEMAKER AND COMPANION SERVICES, LLC

Current Principal Place of Business:

1709 SW 101 TERRACE
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

1709 SW 101 TERRACE
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 73-1678284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMIKLE, CLAUDINE
1709 SW 101 TERRACE
MIRAMAR, FL 33025 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: MGRM () Delete
Name: SMIKLE, CLAUDINE T
Address: 1709 SW 101 TERRACE
City-St-Zip: MIRAMAR, FL 33025 US

Title: MGRM () Delete
Name: LANGSHAW, DELORES
Address: 1709 SW 101 TERRACE
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDINE T. SMIKLE

MGRM

09/09/2006

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