2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# L03000032885

Entity Name: GOLDEN AGE HOME CARE OF BROWARD, L.L.C.

Current Principal Place of Business:

9000 SHERIDAN ST., STE. 104
PEMBROKE PINES, FL 33024

New Principal Place of Business:

3350 SW 148 AVE
110
MIRAMAR, FL 33027

Current Mailing Address:

9000 SHERIDAN ST., STE. 104
PEMBROKE PINES, FL 33024

New Mailing Address:

3350 SW 148 AVE
110
MIRAMAR, FL 33027

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

Name and Address of Current Registered Agent:

CHIRINO, LUIS F
9000 SHERIDAN ST., STE. 104
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CHIRINO, LUIS F
3350 SW 148 AVE
211
MIRAMAR, FL 33027 US

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: 03/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHIRINO, LUIS F
Address: 9000 SHERIDAN ST., STE. 104
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHIRINO, LUIS F
Address: 3350 SW 148 AVE, SUITE 211
City-St-Zip: MIRAMAR, FL 33018

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: LUIS F CHIRINO MGRM 03/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date