

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007182

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: ALL CARE ENTERPRISES, LLC

**Current Principal Place of Business:**

2949 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2949 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-1852257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOSLIN, THOMAS A  
2949 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786 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: GOSLIN, THOMAS A JR.  
Address: 2949 BUTLER BAY DRIVE NORTH  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: BROWN, GERALD W  
Address: 229 ANTLER COURT  
City-St-Zip: CASSELBERRY, FL 32707

**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 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: THOMAS A. GOSLIN

MGRM

01/22/2009

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