

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017507

Entity Name: CLASSIC HOMECARE, LLC

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

1550 N.E. MIAMI GARDENS DRIVE,
501
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1550 N.E. MIAMI GARDENS DRIVE, SUITE 507
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1400 NE MIAMI GARDENS DR.
206-C
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

1400 NE MIAMI GARDENS DR.
206-C
NORTH MIAMI BEACH, FL 33179

FEI Number: 55-0861018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARNOLD, MARK S
1550 N.E. MIAMI GARDENS DRIVE, SUITE 507
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

YARNOLD, MARK S
1400 NE MIAMI GARDENS DR.
206-C
NORTH MIAMI BEACH, FL 33179 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:

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: YARNOLD, MARK
Address: 2199 NW 77 AVE, # 102
City-St-Zip: PEMBRIKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: YARNOLD, MARK
Address: 2199 NW 77 AVE, # 102
City-St-Zip: PEMBROKE PINES, FL 33024

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: MARK S. YARNOLD

PRES

01/03/2008

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