

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028663

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** PARTNERS HOME CARE LLC

**Current Principal Place of Business:**

1134 A 1ST ST. S.  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

1134 A 1ST ST. S.  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

**FEI Number:** 52-2441393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONRAD, KIM M  
1134 A 1ST STREET SOUTH  
WINTER HAVEN, FL 33880 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  
**Name:** CONRAD, KIM M  
**Address:** 2703 BRUTON ROAD  
**City-St-Zip:** PLANT CITY, FL 33565 US

**Title:** MGRM  
**Name:** BETZ, RUSSELL C  
**Address:** 1302 NORTHGLEN LANE  
**City-St-Zip:** LAKELAND, FL 33813 US

I hereby 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:** KIM M CONRAD

MGRM

03/01/2012

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