

**2007 LIMITED LIABILITY COMPANY -
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000029027

1. Entity Name
PREMIER HOME CARE, LLC



Principal Place of Business
3513 CHIPSHOT CT.
COLUMBUS, OH 43228

Mailing Address
3513 CHIPSHOT CT.
COLUMBUS, OH 43228



02202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1019985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINCAID, SHELLY
11450 HARBOR WAY, UNIT 5006
LARGO, FL 33774

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRAY, LYNN M
STREET ADDRESS	3513 CHIPSHOT COURT
CITY-ST-ZIP	COLUMBUS, OH 43228

TITLE	MGRM
NAME	KINCAID, SHELLY
STREET ADDRESS	4655 TWP RD 179
CITY-ST-ZIP	MARENGO, OH 43334

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Shelly Kincaid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-5-07

Date

614 734-0599

Daytime Phone #