2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029027

FILED Jul 28, 2008 8:00 am Secretary of State

07-28-2008 90073 005 ***138.75

	1. Entity Nan PREMIE		CARE, LLC)				
	Principal Place of Business 3513 CHIPSHOT CT. COLUMBUS, OH 43228			Malling Address 3513 CHIPSHOT CT. COLUMBUS, OH 43228		60045740					
	2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07172008 Chg	j-LLC	CR2E	083 (12/06)	
City & State			City & State		4. FEI Number 20-1019985				oplied For		
ļ	Zip		Country	Zip	Coun	ntry	5. Certificate of Statu	s Desired		\$5.00 Ad	ditional
l		6. Name	and Address of Current i	Registered Agent	L	7. Name and Addres	s of New Re	gistered	Agent	-	
1						Name					
KINCAID, SHELLY 11450 HARBOR WAY, UNIT 5006 LARGO, FL 33774				Stre		Street Address	(P.O. Box Number is Not	Acceptable)		·	
	D										
						City			FL	Zip Cod	e
	8. The above the obligat	named entity ions of regist	y submits this statement for ered agent.	the purpose of changing its	register	ed office or registe	red agent, or both, in the	State of Flor	ida. I am	familiar with,	and accept
	SIGNATURE	. Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	: Registere	d Agent signature require	d when reinstating)		DATE	· · · ·	
			FEE IS \$138.75 mber 12, 2008	In accordance with s liability company did	s. 607.1 I not rec	93(2)(b), F.S., the	ne limited piice.	Make		ayable to ent of Stat	
	9,		MANAGING MEMBER	RS/MANAGERS	10,		A	DDITIONS/C	CHANGES		
l	TTE	MGRM	. •	☐ Delate	TITLE	E				☐ Change	☐ Addition
l	NAME	GRAY, LYNN M		NAM		E					
l		TREET ADDRESS 3513 CHIPSHOT COURT				I					
ł	CITY-ST-ZIP	COLUMBI	10 011 10000			ET ADDRESS					
L	TITLE		US, OH 43228	<u> </u>	CITY	-ST-ZIP				·,.	
	Į.	MGRM		☐ Delicte	CITY	-ST-ZIP	GRM			Change	☐ Additlan
	NAME	KINCAID,	SHELLY	☐ Delete	CITY- TITLE NAME	-ST-ZIP	GZM TT, SHEL	LY LY		☑ Change	☐ Addition
l	Į.	KINCAID, 4655 TWF	SHELLY PRD 179	☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP	GRM FTT, SHELL LIG TOWNSH	LY +14 RO	AD U27	Change は に に に に に に に に に に に に に に に に に に	□ Addillon
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	NAME STREET ADDRESS	KINCAID, 4655 TWF	SHELLY PRD 179	□ Delete	CITY- TITLE NAMI STRE	-ST-ZIP E MM A E H2 -ST-ZIP E	GRM TTT, SHEL LIG TOWNSH IARENGO	LY +19 R0 OH	433	© Change □ Change	Addition
	NAME STREET ADDRESS CITY-ST-ZIP	KINCAID, 4655 TWF	SHELLY PRD 179		TITLE NAME STRE CITY- TITLE	-ST-ZIP E MM A E H2 -ST-ZIP E	GRM TTT, SHEL LIG TOWNSH IARENGO	LY +18 RO OH	43	#21. 334-6	9509.
	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KINCAID, 4655 TWF	SHELLY PRD 179		TITLE NAME STRE CITY TITLE NAME STRE	-ST-ZIP E E ET ADDRESS -ST-ZIP E E	GRM TTT, SHEL LIG TOWNSH IALENGO	LY +1 RO OH	433	#21. 334-6	9509.
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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: SIGNATURE AND TYPED OR PRINTED HANG OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-08 614431-1599