


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**


04-26-2006 90148 042 \*\*\*\*50.00

<b>DOCUMENT # L04000048217</b>		
1. Entity Name <b>CARELCA, LLC</b>		

Principal Place of Business <b>8222 S.W. SOUTH RIVER DRIVE MEDLEY, FL 33166 US</b>	Mailing Address <b>8222 S.W. SOUTH RIVER DRIVE MEDLEY, FL 33166 US</b>
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2. Principal Place of Business <i>8222 N.W. South River Dr</i>	3. Mailing Address <i>8222 N.W. South River Dr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Medley, FL</i>	City & State <i>Medley, FL</i>
Zip <i>33166</i>	Zip <i>33166</i>
Country <i>USA</i>	Country <i>USA</i>

	
04242006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-1305425</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

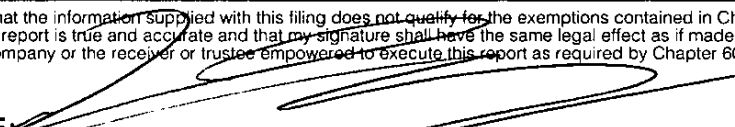
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CASARIEGO, ORLANDO J 8222 S.W. SOUTH RIVER DRIVE MEDLEY, FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE</b> 	<b>Y-24-26</b> <b>501 887 7098</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #