

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048217

Entity Name: CARELCA, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

8222 S.W. SOUTH RIVER DRIVE
MEDLEY, FL 33166 US

New Principal Place of Business:

8222 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33166 US

Current Mailing Address:

8222 S.W. SOUTH RIVER DRIVE
MEDLEY, FL 33166 US

New Mailing Address:

8222 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33166 US

FEI Number: 20-1305425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, RAFAEL A
201 ALHAMBRA CIRCLE, SUITE 702
CORAL GABLES, FL 33134 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: MGR () Delete
Name: CASARIEGO, ORLANDO J
Address: 8222 S.W. SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CASARIEGO, HUMBERTO F
Address: 8222 NW SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33166

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: ORLANDO J CASARIEGO

MGR

05/01/2007

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