

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L040C0071684 1. Entity Name SHINGLE CARE OF VOLUSIA, LLC	
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Principal Place of Business 786 PHEASANT RUN COURT PORT ORANGE, FL 32127	Mailing Address 786 PHEASANT RUN COURT PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



02042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2205444	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KLING, FREDERIC 786 PHEASANT RUN COURT PORT ORANGE, FL 32127

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

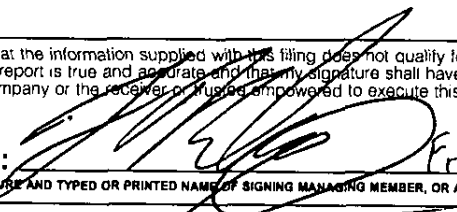
U000000932351
05/22/08--80051-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLING, FREDERIC 786 PHEASANT RUN COURT PORT ORANGE, FL 32127
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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:


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

Frederic Kling

4-24-08 386-846-2028

Date

Daytime Phone #