

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/ FILED
Jul 27, 2005 8:00 am
Secretary of State

06-09-2005 90185 012 ****50.00

DOCUMENT # L04000071717			
1. Entity Name DAPHNE CARES, LLC			
Principal Place of Business 9916 NW 41 ST. SUNRISE, FL 33351		Mailing Address 9916 NW 41 ST. SUNRISE, FL 33351	
2. Principal Place of Business 9916 NW 41st Street Suite, Apt. #, etc. Sunrise		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Florida		City & State	
Zip 33351	Country Broward	Zip	Country
6. Name and Address of Current Registered Agent LEWIS, DAPHNE A 9916 NW 41 ST. SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEWIS, DAPHNE A 9916 NW 41 ST. SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	The business has not started as yet ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4), 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: <u>Daphne A. Lewis</u> 5/31/05		954-748-7418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	