

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000084121 1. Entity Name ALL PERSONAL CARE SERVICES, LLC 02-04-2005 90104 009 ****55.00 Principal Place of Business Mailing Address 2716 SIESTA DRIVE 2716 SIESTA DRIVE SARASOTA, FL 34239 SARASOTA, FL 34239 3. Mailing Address 2. Principal Place of Business As Above As Above Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number 20-2026786 Applied For Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name JARVIS, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2716 SIESTA DRIVE SARASOTA, FL 34239 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 SIGNATURE . (NOTE: Registered Agent signature required when rematating) e of regratered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TILLE ☐ Addition ☐ Delete ☐ Change NAME JARVIS, STEPHEN NAME 2716 SIESTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Addition LOEFFLER, JAMES NAME NAME STREET ADDRESS 2716 SIESTA DRIVE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34239 ☐ Delete TITLE ☐ Change ☐ Addition MALIF NAME STREET ADDRESS STREET ADDRESS CXTY-ST-7/P CITY-ST-7P ΠΠF Delete ከክ ቃ ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F Delete TITLE ☐ Change ☐ Addition NAME NAME Burney Committee Control of the Control STREET ADDRESS STREET ADDRESS 21 213 - 42 4 2 3 2 4 1 - 1 CITY-ST-7P CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 504-0472 TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 04, 2005 8:00 am