


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90042 003 ****55.00

DOCUMENT # L05000015313 1. Entity Name YOU-NIQUELY ABLE - HOME AND COMMUNITY BASED SERVICES, LLC			
Principal Place of Business 10242 N.W. 47 STREET SUITE # 38 SUNRISE, FL 33351		Mailing Address 10242 N.W. 47 STREET SUITE # 38 SUNRISE, FL 33351	
2. Principal Place of Business 10242 NW 47 STREET Suite, Apt. #, etc. SUITE #40-41 City & State SUNRISE, FL Zip 33351 Country U.S.		3. Mailing Address 10242 NW 47 STREET Suite, Apt. #, etc. SUITE #40-41 City & State SUNRISE, FL 33351 Zip 33351 Country U.S.	
		05062006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 710965718	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DERRITT, VIRGINIA 10242 N.W. 47 ST SUITE # 38 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Virginia Derritt-Thomas</i></u> DATE <u>5/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRITT, VIRGINIA	NAME	
STREET ADDRESS	10242 N.W. 47 STREET	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33351	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCHER, AMILIA	NAME	
STREET ADDRESS	10242 N.W. 47 STREET	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 33351	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <u><i>Virginia Derritt-Thomas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5/9/06</u> Daytime Phone # _____	