

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90241 017 \*\*\*138.75

60014334



03092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1741898 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L05000023492**

1. Entity Name  
COMPASS HOME HEALTH CARE LLC



Principal Place of Business  
1400 NE MIAMI GARDENS DR. #206  
SUITE 206  
MIAMI, FL 33179

Mailing Address  
P.O. BOX 600007  
MIAMI, FL 33160

2. Principal Place of Business - No P.O. Box #  
18260 NE 19 ave.  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Miami miami Beach  
Zip  
33162  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

6. Name and Address of Current Registered Agent  
JEUNE, VALERIE  
1401 NE 191 ST  
APT 309D  
MIAMI, FL 33179

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 Valerie June 3/10/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEUNE, VALERIE 1400 NE MIAMI GARDENS DRIVE #206 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Valerie June 18260 NE 19 ave - Suite 101 Miami, Fl. 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Valerie June 3/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #