

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026010

FILED
Jan 16, 2009
Secretary of State

Entity Name: LONG TERM CARE INSURANCE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

6743 TIFFANY ROSE PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

6743 TIFFANY ROSE PLACE
SANFORD, FL 32771 US

New Mailing Address:

6743 TIFFANY ROSE PLACE
SANFORD, FL 32771

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOLLAR, LINDA L
6743 TIFFANY ROSE PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MS. () Delete
Name: LOLLAR, LINDA L
Address: 6743 TIFFANY ROSE PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA L LOLLAR

MS.

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date