

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045597

FILED
Feb 04, 2007
Secretary of State

Entity Name: ABSOLUTE FAMILY CARE, LLC

Current Principal Place of Business:

3007 RIDGELINE BLVD STE B
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

3007 RIDGELINE BLVD STE B
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 86-1136986 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GITTINGER, JULIETTE
3007 RIDGELINE BLVD STE B
TARPON SPRINGS, FL 34688 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: MGRM () Delete
Name: GITTINGER, JULIETTE
Address: 3007 RIDGELINE BLVD STE B
City-St-Zip: TARPON SPRINGS, FL 34688

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 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: JULIETTE GITTINGER MGRM 02/04/2007

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