

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045597

Entity Name: ABSOLUTE FAMILY CARE, LLC

FILED
Feb 24, 2011
Secretary of State

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

I hereby 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

02/24/2011

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