

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049592

Entity Name: KINGDOMCARE, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19459 US HIGHWAY 19 NORTH  
THOMASVILLE, GA 31792

**New Principal Place of Business:**

511 NORTH BROAD STREET  
THOMASVILLE, GA 32344

**Current Mailing Address:**

19459 US HIGHWAY 19 NORTH  
THOMASVILLE, GA 31792

**New Mailing Address:**

511 NORTH BROAD STREET  
THOMASVILLE, GA 32344

FEI Number: 20-2858992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARREN, R. BRUCE  
262 HIAMONEE DRIVE  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

CHAMPION, ROGER  
7874 GAMBLE ROAD  
MONTICELLO, FL 32344 US

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: R.C. CHAMPION

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NICHOLAS, LEWIS  
Address: 511 NORTH BROAD STREET  
City-St-Zip: THOMASVILLE, GA 31792

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: NICHOLAS J. LEWIS

MGA

04/23/2012

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