2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-23-2006 90273 039 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000083884

1. Entity Name
SAMUELSON COMPANION CARE, LLC

Principal Place of Business	Mailing Address
2814 S.W. 19TH COURT OCALA FL 34474 US	2814 S.W. 19TH COURT OCALA FL 34474 US

2. Principal Place of Business	3. Mailing Address
1411 NE 22nd Ave	1411 NE 22nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala FL
Zip: 34470 Country:	Zip: 34470 Country:

4. FEI Number 20-3356520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAMUELSON, JAMES
2814 S.W. 19TH COURT
OCALA FL 34474

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 [signature] 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAMUELSON, JAMES		NAME		
STREET ADDRESS	2814 S.W. 19TH COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAMUELSON, MARY		NAME		
STREET ADDRESS	2814 S.W. 19TH COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #