

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083884

FILED
Feb 01, 2009
Secretary of State

Entity Name: SAMUELSON COMPANION CARE, LLC

Current Principal Place of Business:

1411 NE 22ND AVE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1411 NE 22ND AVE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 20-3356520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELSON, JAMES
2814 S.W. 19TH COURT
OCALA, FL 34474 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: SAMUELSON, JAMES
Address: 2814 S.W. 19TH COURT
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: SAMUELSON, MARY
Address: 2814 S.W. 19TH COURT
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES M. SAMUELSON R, EVOCABLE TRUST
Address: 2814 S.W. 19TH COURT
City-St-Zip: OCALA, FL 34474 US

Title: MGRM (X) Change () Addition
Name: MARY P. SAMUELSON RE, VOCABLE TRUST
Address: 2814 S.W. 19TH COURT
City-St-Zip: OCALA, FL 34474 US

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: JAMES SAMUELSON

MGRM

02/01/2009

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