

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90151 032 ***138.75

DOCUMENT # L05000083937

1. Entity Name
CARE ONE OF FLORIDA L.L.C.



Principal Place of Business
**497 MARINER BOULEVARD
SPRING HILL, FL 34609**

Mailing Address
**497 MARINER BOULEVARD
SPRING HILL, FL 34609**

50004419



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
25-1924516

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAVIANO, STACIE
5412 GOLDDUST ROAD
SPRING HILL, FL 34609**

Name

Street Address (P.O. Box Number is Not Acceptable)

13047 FELLOWSHIP LANE

City

WEEKI WACHEE

FL

Zip Code
34614

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAVIANO, ANTHONY
5412 GOLDDUST ROAD
SPRING HILL, FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13047 FELLOWSHIP LANE
WEEKI WACHEE FL 34614** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAVIANO, STACIE
5412 GOLDDUST ROAD
SPRING HILL, FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13047 FELLOWSHIP LANE
WEEKI WACHEE FL 34614** ☒ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STACIE LAVIANO

Date

Daytime Phone #

4-15-08