

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092845

FILED
Jan 13, 2012
Secretary of State

Entity Name: EAST COAST HOME CARE LLC

Current Principal Place of Business:

1256 SW MAPLEWOOD DR
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1256 SW MAPLEWOOD DRIVE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 51-0556033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCADIPANE, ANDREW
1256 SW MAPLEWOOD DR
PORT ST. LUCIE, FL 34986 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: ARCADIPANE, ANDREW F
Address: 1256 SW MAPLEWOOD DR
City-St-Zip: PORT ST. LUCIE, FL 34986

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: ANDREW F. ARCADIPANE

PRES

01/13/2012

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