

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101392

Entity Name: ABRAMS KOZY CARE, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

2256 SE BOWIE STREET
PT. ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2256 SE BOWIE STREET
PT. ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-3711857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, SHARON
828 SILVERBELL LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

ABRAMS, SHARON
2256 SE BOWIE STREET
PORT ST. LUCIE, FL 34952 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: SHARON ABRAMS

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABRAMS, SHARON M ADM.
Address: 2256 SE BOWIE STREET
City-St-Zip: PT. ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON ABRAMS

ADM.

01/15/2009

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