

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002583

Entity Name: HB CARE SERVICES, LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

7501 LYNCREST ST
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

7501 LYNCREST ST
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-4690206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, SHARLENE
7501 LYNCREST ST
NORTH PORT, FL 34287 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BROWN, SHARLENE
Address: 7582 LYNCREST ST
City-St-Zip: NORTH PORT, FL 34287

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

Title: MGRM () Delete
Name: HALEY, SYLVIA
Address: 7241 MESA ST.
City-St-Zip: NORTH PORT, FL 34287

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

Title: MGR () Delete
Name: MOODIE, JOY
Address: 10129 FIELDSTONE COURT
City-St-Zip: CHARLOTTE, NC 28269

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: SHARLENE BROWN

MGRM

07/23/2008

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