

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006699

FILED
Apr 27, 2009
Secretary of State

Entity Name: ELDER CARE CONSULTANTS OF SOUTH FLORIDA LLC

Current Principal Place of Business:

8401 W LAKE WORTH RD
SUITE 133
LAKE WORTH, FL 33467 US

New Principal Place of Business:

1107 11TH LANE
LAKE WORTH, FL 33463 US

Current Mailing Address:

8401 W LAKE WORTH RD
SUITE 133
LAKE WORTH, FL 33467 US

New Mailing Address:

PO BOX 541484
LAKE WORTH, FL 33463 US

FEI Number: 20-4181106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANNELEVITZ, PAMELA
621-G SEA PINE WAY
WEST PALM BEACH, FL 33415 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: PAMELA DANNELEVITZ INC
Address: 621-G SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: MGRM (X) Delete
Name: ANITA SILVERMAN INC
Address: 7550 TARPON COVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

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

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: PAMELA DANNELEVITZ

MGRM

04/27/2009

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