

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006699

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** ELDER CARE CONSULTANTS OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

1107 11TH LANE  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541484  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 20-4181106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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: PAMELA DANNELEVITZ, INC.

MGR

04/28/2012

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