

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007740

FILED
Feb 07, 2012
Secretary of State

Entity Name: CARE OPTIONS SUPPORT SERVICES LLC

Current Principal Place of Business:

3206 DE CARLO LANE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3536 UNIVERSITY BLVD. N
SUITE 196
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 20-4170158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB, STEPHANIE
3206 DE CARLO LANE
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

COBB, STEPHANIE
4896 TOPROYAL LANE
JACKSONVILLE, FL 32277 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:

02/07/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COBB, STEPHANIE
Address: 4896 TOPROYAL LANE
City-St-Zip: JACKSONVILLE, FL 32277

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: STEPHANIE COBB

PRES

02/07/2012

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