

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011257

1. Entity Name  
GUARDIAN CASE MANAGEMENT & SENIOR  
ASSESSMENTS, LLC



Principal Place of Business  
610 PALM DRIVE  
SATELLITE BEACH, FL 32937

Mailing Address  
610 PALM DRIVE  
SATELLITE BEACH, FL 32937

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4308620

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MACKEY, GAIL RANEA  
610 PALM DRIVE  
SATELLITE BEACH, FL 32937

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

000000954970  
07/15/08-80005-021 543.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACKEY, GAILE RANEA 610 PALM DRIVE SATELLITE BEACH, FL 32937
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Gail Ranea Mackey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

*7/6/2008*

Date

Daytime Phone #