

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000012716

1. Entity Name
FREEDOM IN AGING, LLC



Principal Place of Business
**709 SW 27TH STREET
GAINESVILLE, FL 32607**

Mailing Address
**709 SW 27TH STREET
GAINESVILLE, FL 32607**



04022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4248013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**INFANTE, NORA B
709 SW 27TH STREET
GAINESVILLE, FL 32607**

**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 \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000886758
04/18/08-80070-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INFANTE, NORA B 709 SW 27TH STREET GAINESVILLE, FL 32607
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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:

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

Date

Daytime Phone #

4-6-08 352-262-8604