


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90061 043 \*\*\*138.75

<b>DOCUMENT # L06000018617</b>	
1. Entity Name <b>ALWAYS CLASSIC CARE LLC</b>	

Principal Place of Business <b>1933 NE 164TH ST. NORTH MIAMI BEACH, FL 33160 US</b>	Mailing Address <b>1933 NE 164TH ST. NORTH MIAMI BEACH, FL 33160 US</b>
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**60030958**



2. Principal Place of Business - No P.O. Box # <b>1933 NE 164th St</b>	3. Mailing Address <b>1933 NE 164th St</b>
Suite, Apt. #, etc. <b>NMB FL 33160</b>	Suite, Apt. #, etc. <b>NMB FL 33160</b>
City & State <b>City &amp; State</b>	City & State <b>City &amp; State</b>

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4342782</b>	Applied For <input checked="" type="checkbox"/> APPLIED FOR
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NICOLLELLA, DINA 535 NORTH PARKWAY GOLDEN BEACH, FL 33160</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ADLER, TERRY 1175 NE 125 ST NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1933 NE 164th St - North Miami Beach - FL 33160</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/23/08**

**305-403-2622**