2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L06000018617				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	04-28-2008 90061		
1. Entity Name	e				04-28-2008 90001	043 *** 138.7	3
ALWAYS	CLASSIC CARE LLC						
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Principal Place		Mailing Address			ባለ ሳ በ በድ ዐ		
1933 NE 164	FIH ST. I BEACH, FL 33160 US	1933 NE 164TH ST. North Miami Beach, Fl	. 33160 US	b	0030958		
NORTH WIMW	I DEACH, I'E 33100 03	NONTH MINIMI DENCH, I L	. 33100 03	· [· ·	-		
2. Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address	C/644	10x			
Suite, Apt.	2NE 161 -1	933 N Suite, Apt. #, etc. /	$z/\omega/$	<u> </u>			
n m	3,11 23/60	nna 1133	160	04252008	Chg-LLC C	R2E083 (12/06)	
City & State	7 57 57 50	City & State	, , ,	4. FEI Numbe		782 AP	plied For
				·APPLIE	D-FOR		1 Applicable
33/6	Country	Zip 23/62/	Country	_ 5. Certificate	of Status Desired	\$5.00 Add	
<u> </u>	6. Name and Address of Current	Registered Agent	DqQ_{-}	7 Name and	Address of New Regist	Fee Required	<u> </u>
	o, Hattle and Address of Current	registered Agent	Name	7. Name and	Address of New Regist	ered Agent	
NICOLLEL	LA, DINA						
	H PARKWAY		Street A	ddress (P.O. Box Numb	er is Not Acceptable)		
GOLDEN E	BEACH, FL 33160				-		
			City			Zip Code	
		_	City			FL Zip Code	e
	named entity submits this statement fo	the purpose of changing its re	egistered office or	registered agent, or bo	th, in the State of Florida.	I am familiar with,	and accept
the obligati	ions of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if vanisable (NOTE:	Registered Apert signatu	re required when reinstating)		DATE	
	Signature, typed or printed traine or registered agent.	THO IE	- regression to my arm and rest	The radio of the radio and the			
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FILE	NOW!!! FEE IS \$138.75				Make ch	eck payable to	
FILE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	5				eck payable to partment of State	e
After May	/ 1, 2008 Fee will be \$538.75	<u> </u>	T 10		Florida De	partment of State	e
After May	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	10.			partment of State	
After May	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE	<u> </u>	10. TITLE NAME		Florida De	NGES Change	e Addition
9.	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	TITLE	1933 N	Florida De	NGES Change	
9. TITLE NAME	MANAGING MEMBE MGR ADLER, TERRY	RS/MANAGERS	TITLE NAME	1933 N.	Florida De	NGES Change	
9. INTLE NAME STREET ADDRESS	MANAGING MEMBE MGR ADLER, TERRY 1175 NE 125 ST	RS/MANAGERS	TITLE NAME STREET ADDRESS	1933 N.	Florida De	NGES Change	
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