

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022108

Entity Name: COMPTech CARE LLC

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

1949-9 PARK MEADOWS DR  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1949 PARK MEADOWS DR  
FORT MYERS, FL 33907

**New Mailing Address:**

5100 S. CLEVELAND AVE  
SUITE 318. PMB 165  
FORT MYERS, FL 33907

FEI Number: 16-1771981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATER, DALE  
1949 PARK MEADOWS DR #9  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MATER, DALE  
Address: 1949 PARK MEADOWS DR #9  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MATER, DALE  
Address: 3602 BROADWAY  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DALE MATER

MGR

04/02/2009

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