

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034388

FILED
Mar 21, 2009
Secretary of State

Entity Name: CARING PARTNERS HOME CARE AGENCY, LLC

Current Principal Place of Business:

8890 W OAKLAND PARK BLVD, STE 200
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8890 W OAKLAND PARK BLVD, STE 200
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-4616243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, MAUREEN
6300 SW 35TH COURT
MIRAMAR, FL 33023 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: PATTERSON, MAUREEN
Address: 3121 WEST HALLANDALE BEACH BLVD. STE. 107
City-St-Zip: PEMBROKE PARK, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PATTERSON, MAUREEN
Address: 8890 W OAKLAND PARK BLVD SUITE 200
City-St-Zip: SUNRISE, FL 33351

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: MAUREEN M PATTERSON

MGR

03/21/2009

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