

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000034388

**FILED**  
**May 22, 2012**  
**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  
1423 CAPRI LANE  
APT 3901  
WESTON, FL 33326 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  
Name: PATTERSON, MAUREEN  
Address: 8890 W OAKLAND PARK BLVD SUITE 200  
City-St-Zip: SUNRISE, FL 33351

Title: MGR  
Name: LICHT, ALLEN  
Address: 1594 SHORELINE WAY  
City-St-Zip: HOLLYWOOD, FL 33019 UN

Title: MGR  
Name: LIBERMAN, ALBERT  
Address: 3 HORIZON ROAD, 614  
City-St-Zip: FORT LEE, NJ 07024

I hereby 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: ALLEN LICHT

MGR

05/22/2012

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