

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035520

FILED
Jan 22, 2009
Secretary of State

Entity Name: JUST LIKE FAMILY HOME CARE, LLC

Current Principal Place of Business:

1020 8TH AVE S, STE 5
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1020 8TH AVE S, STE 5
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-4652933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NASSBERG, JACOB
8279 VALIANT DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

NASSBERG, JACOB
1020 8TH AVE S, STE 5
NAPLES, FL 34102 US

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: JACOB NASSBERG

01/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NASSBERG, ELISABETH
Address: 8279 VALIANT DRIVE
City-St-Zip: NAPLES, FL 34104 US

Title: MGRM () Delete
Name: NASSBERG, JACOB
Address: 8279 VALIANT DRIVE
City-St-Zip: NAPLES, FL 34104 US

Title: MGRM () Delete
Name: STILLMAN, NIKOLE
Address: 8069 CHIANTI LANE
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NASSBERG, ELISABETH
Address: 1020 8TH AVE S, STE 5
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM (X) Change () Addition
Name: NASSBERG, JACOB
Address: 1020 8TH AVE S, STE 5
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM (X) Change () Addition
Name: STILLMAN, NIKOLE
Address: 1020 8TH AVE S, STE 5
City-St-Zip: NAPLES, FL 34102 US

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: JACOB NASSBERG

MGRM

01/22/2009

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