## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036040

Entity Name: SELF-CARE TEACHING, LLC

FILED Aug 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6051 SW 19CT 1042 SW MCCALL RD

NORTH LAUDERDALE, FL 33068 PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

6051SW 19CT 1042 SW MCCALL RD NORTH LAUDERDALE, FL 33068 PORT ST. LUCIE, FL 34953

FEI Number: 20-4832849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MORRISON, ARLENE
SELF-CARE TEACHING LLC
6051 SW 19CT
NORTH LAUDERDALE, FL 33068 US

MORRISON, ARLENE
SELF-CARE TEACHING LLC
1042 SW MCCALL RD
PORT ST. LUCIE, FL 34953 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: 08/31/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name:MORRISON, ARLENEName:MORRISON, ARLENEAddress:6051 SW 19CTAddress:1042 SW MCCALL RDCity-St-Zip:NORTH LAUDERDALE, FL 33068City-St-Zip:PORT ST. LUCIE, FL 34953

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: ARLENE MORRISON MGR 08/31/2009