2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1 06000047440



FILED May 03, 2007 8:00 am Secretary of State

1. Entity Name	HOME CARE, LLC					05-03-2007	90252 035 *	***5	0.00
Principal Place	e of Business	Mailing Address			1				
940 S. OAK A BARTOW, FL	VENUE	940 S. OAK AVENUE BARTOW, FL 33830 US							
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032007	Chg-LLC	CR2E083 (1:	2/06)		
City & State		City & State			4. FEI Numb) - 4831044		Applied For Not Applicable	
Zip			Count	.ry	5. Certificate of Status Desired 55.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
940 S. OAI	SER, NEIL J K AVENUE			(P.O. Box Number is Not Acceptable)					
BARTOW,	FL 33030								
				City			FL Z	p Code	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	d Agent signature required	d when reinstating)		DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2007					e check payabl Department o			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS /	CHANGES		
TITLE NAME	MGRM BONTRAGER, NEIL J	☐ Delete	TITLE				□ c	hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP	940 S. OAK AVENUE BARTOW, FL 33830		STREE	ET ADORESS -ST-ZIP					
TITLE	Daview, L. oddoo	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			hange	☐ Addition
NAME Street Address			NAM! STREE	E et adoress					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE					hange	Addition
CITY-ST-ZIP		П		-ST-ZIP	·			hanne	Malaisian
TITLE NAME		☐ Delete	TITLE NAMI	1			□ 0	hange	Addition
STREET ADDRESS CITY-5T-ZIP				ET ADORESS -ST-ZIP					
mu		☐ Delete	TITLE	1				hange	Addition
NAME STREET ADORESS			NAME STRE	ET ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4-	-ST-ZIP			<u></u>		
TITLE NAME		Delete	TITLE NAMI	ľ				hange	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET AOORESS -ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and ability company or the receiver or trusted	this filing does not qualify for that my signature shall have a empowered to exacute this	the exer the same report as	mptions contained e legal effect as il r required by Chac	l in Chapter 119 made under oa oter 608, Florida	th; that I am a manag	ging member or n	nanage	of the
all miled liability company or the receiver of trustees emptywered to esercicle this report as required by chapter occ. Fronce statutes.									