

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047440

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BARTOW HOME CARE, LLC

**Current Principal Place of Business:**

940 S. OAK AVENUE  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

940 S. OAK AVENUE  
BARTOW, FL 33830 US

**New Mailing Address:**

**FEI Number:** 20-4831044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD  
STE. A  
DELTONA, FL 32725 US

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

BONTRAGER, NEIL J  
940 S. OAK AV  
BARTOW, FL 33830 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: NEIL J. BONTRAGER

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BONTRAGER, NEIL J  
Address: 940 S. OAK AVENUE  
City-St-Zip: BARTOW, FL 33830 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NEIL J. BONTRAGER

MGRM

04/30/2009

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