2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

Osytime Phone #

DOCUMENT # L06000048635 1. Entity Name LAJ HOME HEALTH, LLC							03-30-2007 90040 035 ****50.00						
Principal Place of Business Mailing Address													
5542 SW 8 ST						:							
							I CHIMAIN BE		H III III		130 M	DHOR HAN DEL	HI JI (118)
2. Principal P	Mace of Business	- No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03062007	Ch	g-LLC	С	R2E083	3 (12/06)	
City & State			City & State				4. FEI Numb	9- 4	186	98-	79		Applicable
Zip	Zip Country		Zip	Zip Coun		5. Certifica			us Desire	d C		5.00 Addi e Required	
	6. Name and	Address of Current F	Registered Agent		100000		7. Name and	Addre	ss of Nev	v Regist	bered Ag	ent	
RUIZ, ALE			•		Name Street Ad	ddress (P.	O. Box Numb	er is No	ot Accepta	ıble)	· · · · · ·	·	_
CORAL G	ABLES, FL 3	3134						· · · · ·					
		•			City						FL	Zip Code	<u></u>
8. The above the obligat	named entity sub tions of registered	omits this statement for agent.	the purpose of changing its	registere	ed office or	registered	d agent, or bo	oth, in th	ne State of	Florida.	l am far	niliar with, a	and accept
SIGNATURE .	Signature, typed or prin	nted name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signatu	re required w	hen reinstating)				DATE		
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Filing Fee is \$50.00 Due by May 1, 2007			l .				1						
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