

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000048635

Entity Name: LAJ HOME HEALTH, LLC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5542 SW 8 ST  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5542 SW 8 ST  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-4869879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALINAS, LAZARO  
5542 SW 8 ST  
CORAL GABLES, FL 33134 US

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

SALINAS, LAZARO  
5542 SW 8 ST  
CORAL GABLES, FL 33134 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: LAZARO SALINAS

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: RA  
Name: SALINAS, LAZARO  
Address: 5542 SW 8 ST  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: GUEVARA, JOSE A  
Address: 5542 SW 8 ST  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: LAZARO SALINAS

RA

03/16/2011

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