2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2007
Secretary of State

DOCUMENT# L06000052231

Entity Name: ALL COMFORT CARE, LLC

Current Principal Place of Business:

1715 PALM BEACH DRIVE
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1629
APOPKA, FL 32704 US

New Mailing Address:

1715 PALM BEACH DRIVE
APOPKA, FL 32712 US

FEI Number: 51-0592722 **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:

ALBERSHARDT, LILIAN M
1715 PALM BEACH DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALBERSHARDT, LILIAN M
Address: 1715 PALM BEACH DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM ( ) Delete
Name: ORMOND, JOY
Address: 631 EASTWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

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

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: LILIAN M. ALBERSHARDT MGRM 05/05/2007

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