

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052231

Entity Name: ALL COMFORT CARE, LLC

FILED  
Jan 14, 2008  
Secretary of State

**Current Principal Place of Business:**

1715 PALM BEACH DRIVE  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**  
1715 PALM BEACH DRIVE  
APOPKA, FL 32712 US

**New Mailing Address:**

FEI Number: 51-0592722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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

**ADDITIONS/CHANGES:**

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

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

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: L. M. ALBERSHARDT

MGRM

01/14/2008

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