

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052231

Entity Name: ALL COMFORT CARE, LLC

FILED
Mar 23, 2009
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

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: MGRM (X) Change () Addition
Name: ORMOND, JOY
Address: 630 OAKVIEW STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

03/23/2009

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