

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054342

FILED
May 07, 2008
Secretary of State

Entity Name: CITY OF ANGELS HOME HEALTH CARE, LLC.

Current Principal Place of Business:

12926 SW 133 COURT
SUITE B
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

9963 SW 147 COURT
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 20-5103356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

TRUTT, MICHAEL C
9963 SW 147 COURT
MIAMI, FL 33196 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUTT, MICHAEL C
Address: 9963 SW 147 COURT
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM () Delete
Name: TRUTT, MARGARITA
Address: 9963 SW 147 COURT
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM () Delete
Name: RIVERO, MARIA T
Address: 8550 SW 109 AVENUE, #121
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

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

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: MICHAEL C. TRUTT

MGRM

05/07/2008

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