

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057159

FILED
Apr 30, 2009
Secretary of State

Entity Name: COASTAL OAKS HOMECARE SERVICES LLC

Current Principal Place of Business:

5652 ISABELLE AVENUE
PORT ORANGE, FL 32127

New Principal Place of Business:

3869 NOVA ROAD
SUITE 2
PORT ORANGE, FL 32127

Current Mailing Address:

5652 ISABELLE AVENUE
PORT ORANGE, FL 32127

New Mailing Address:

3869 NOVA ROAD
SUITE 2
PORT ORANGE, FL 32127

FEI Number: 20-5100315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, COLIN
5652 ISABELLE AVENUE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

YATES, COLIN
3869 NOVA ROAD
SUITE 2
PORT ORANGE, FL 32127 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YATES, COLIN
Address: 5652 ISABELLE AVENUE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: YATES, SANDRA
Address: 5652 ISABELLE AVENUE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YATES, COLIN
Address: 3869 NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition
Name: YATES, SANDRA
Address: 3869 NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32127

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: COLIN YATES

MR

04/30/2009

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