2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000061012

1. Entity Name
UPSTART CARE CONSULTANTS, LLC

Principal Place of Business	Mailing Address
960 NW 110TH AVE. CORAL SPRINGS, FL 33071	960 NW 110TH AVE. CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

01312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5051525
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JEFFREY B ESQ.
1401 EAST BROWARD BLVD.
SUITE 206
FT. LAUDERDALE, FL 33301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAIDERMAN, HOWARD
STREET ADDRESS	14717 THORNBIRD MANOR PARKWAY
CITY-ST-ZIP	CHESTERFIELD, MO 63017
TITLE	MGRM
NAME	LAIDERMAN, BONNIE
STREET ADDRESS	14717 THORNBIRD MANOR PARKWAY
CITY-ST-ZIP	CHESTERFIELD, MO 63017
TITLE	MGRM
NAME	SUAREZ, JOE
STREET ADDRESS	960 NW 110TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812774
02/12/08-80062-020 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] V.P. 1/31/08 3145142484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #