

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90079 007 ****50.00

DOCUMENT # L06000063902 1. Entity Name ALLIED CARE LLC					
Principal Place of Business 8708 SAN PABLO AVE. NORTH PORT, FL 34287			Mailing Address 8708 SAN PABLO AVE. NORTH PORT, FL 34287		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04262007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 56-2594159				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				L.K.	
6. Name and Address of Current Registered Agent KHARITON, LARISSA 8708 SAN PABLO AVE. NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KHARITON, LARISSA 8708 SAN PABLO AVE. NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLARK, JON 8708 SAN PABLO AVE. NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>L. Khariton</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

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