

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063902

Entity Name: ALLIED CARE LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8708 SAN PABLO AVE.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

8708 SAN PABLO AVE.  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 56-2594159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHARITON, LARISSA  
8708 SAN PABLO AVE.  
NORTH PORT, FL 34287 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  
Name: KHARITON, LARISSA  
Address: 8708 SAN PABLO AVE.  
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM  
Name: CLARK, JON  
Address: 8708 SAN PABLO AVE.  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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: LARISA KHARITON

MEMB

04/12/2011

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