

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067612

FILED
Jan 09, 2010
Secretary of State

Entity Name: COMPLETE HOME CARE, LLC

Current Principal Place of Business:

10705 NORTH ROME AVE.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

10705 NORTH ROME AVE.
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 20-5193598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, CHRISTOPHER D
39211 SHEFFEY LANE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

ROSE, CHRISTOPHER D
10705 NORTH ROME AVE
TAMPA, FL 33612 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:

01/09/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ROSE, CHRISTOPHER D
Address: 10705 NORTH ROME AVE
City-St-Zip: TAMPA, FL 33612

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: CHRISTOPHER D. ROSE

MR.

01/09/2010

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