

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075377

FILED  
May 31, 2007  
Secretary of State

**Entity Name:** JOHNSON'S CARE SERVICES, LLC

**Current Principal Place of Business:**

1423 TEMPLEMORE DRIVE  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

1423 TEMPLEMORE DRIVE  
CANTONMENT, FL 32533

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

JOHNSON, ALETA  
1423 TEMPLEMORE DRIVE  
CANTONMENT, FL 32533 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: JOHNSON, ALETA  
Address: 1423 TEMPLEMORE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALETA JOHNSON

MGR

05/31/2007

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