

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075377

FILED  
Jun 04, 2008  
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:**

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

**ADDITIONS/CHANGES:**

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

MRG

06/04/2008

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