

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075377

**FILED  
Apr 21, 2009  
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:** 20-5010381      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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

MGR

04/21/2009

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