

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077934

Entity Name: ALL SEASONS HOME CARE, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

5150 LINTON BLVD
240
DELRAY BEACH, FL 33484

Current Mailing Address:

8951 N.W. 34TH STREET
COOPER CITY, FL 33024

New Principal Place of Business:

5130 LINTON BLVD
B-5
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-5343731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEUBERGER, PATRICIA
8951 N.W. 34TH STREET
COOPER CITY, FL 33024 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: HEUBERGER, PATRICIA
Address: 8951 NW 34TH STREET
City-St-Zip: COOPER CITY, FL 33024

Title: MGRM () Delete
Name: DOWNS, MICHAEL
Address: 3851 N OCEAN BLVD #410
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

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

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: PATRICIA HEUBERGER

MGRM

01/15/2009

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