

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000077934

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** ALL SEASONS HOME CARE, LLC

**Current Principal Place of Business:**

5130 LINTON BLVD  
B-7  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

5130 LINTON BLVD  
B-7  
DELRAY BEACH, FL 33484

**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  
**Name:** HEUBERGER, PATRICIA  
**Address:** 8951 NW 34TH STREET  
**City-St-Zip:** COOPER CITY, FL 33024

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

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:** PATRICIA HEUBERGER

MGRM

01/08/2012

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