2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L06000082200

Entity Name: 1ST CLASS CARE, LLC

Current Principal Place of Business:

907 6TH ST NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

907 6TH ST NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 86-1173503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREIDA, HART MISS
595 AVE M SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

SABEL, ROBERT H MR
907 6TH ST NW
WINTER HAVEN, FL 33881 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: ROBERT H . SABEL 03/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SABEL, ROBERT H MR
Address: 907 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

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: ROBERT H. SABEL MR 03/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date