

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087491

Entity Name: CARING ANGELS, LLC

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

6220 S ORANGE BLOSSOM TRAIL  
SUITE 194  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6220 S ORANGE BLOSSOM TRAIL  
SUITE 194  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-5500586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

METZLER, BRENT ACCOUNT  
420 SOUTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

METZLER, BRENT ACCOUNT  
1715 NORTH WESTSHORE BLVD  
SUITE 950  
TAMPA, FL 33609 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: BRENT METZLER

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COCHRAN, GARY J  
Address: 9473 WALNUT CREST DRIVE  
City-St-Zip: ORLANDO, FL 32832

Title: MGRM ( ) Delete  
Name: COCHRAN, JENNEFER R  
Address: 9473 WALNUT CREST DRIVE  
City-St-Zip: ORLANDO, FL 32832

**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: GARY COCHRAN

PRES

01/13/2009

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