

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094629

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY CARE NURSING, LLC

**Current Principal Place of Business:**

7344 SW 48 ST, STE 202  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7344 SW 48 ST, STE 202  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 20-5605270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAMOS, JUAN C  
7344 SW 48 ST, STE 202  
MIAMI, FL 33155 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: RAMOS, JUAN C  
Address: 7344 SW 48 ST, STE 202  
City-St-Zip: MIAMI, FL 33155

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: JUAN RAMOS

MGRM

04/19/2011

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