2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L06000097224

Entity Name: ALL CARING HOME COMPANION AGENCY LLC

Current Principal Place of Business:

815 BRIAR CREEK BLVD.
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

815 BRIAR CREEK BLVD.
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 20-8129504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNETTE SIRMANS
2951 HESSEY AVE
#8
PALM BAY, FL 32905 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: MGR ( ) Delete
Name: SIRMANS, ANNETTE L
Address: 2951 HESSEY AVE
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SIRMANS, ANNETTE L
Address: 815 BRIAR CREEK
City-St-Zip: PALM BAY, FL 32905 US

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: ANNETTE SIRMANS MRG 01/09/2009

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