

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098762

Entity Name: PARTNERS IN CARE, LLC

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

933 BEVILLE ROAD, SUITE 101G  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

200 S RIDGEWOOD AVENUE  
SUITE 200  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

933 BEVILLE ROAD, SUITE 101G  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

200 S RIDGEWOOD AVENUE  
SUITE 200  
DAYTONA BEACH, FL 32114

FEI Number: 20-5715468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, SUSAN  
51 CAMBRIDGE TRACE  
ORMOND BEACH, FL 32174 US

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

MILLER, SUSAN  
22 INDIANHEAD DRIVE  
ORMOND BEACH, FL 32174 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: \_\_\_\_\_

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLER, SUSAN  
Address: 22 INDIANHEAD DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: SUSAN MILLER

MGM

01/20/2012

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