

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100083

Entity Name: CAREIF, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

231 N. STATE ROAD
114
LAUDERHILL, FL 33313

New Principal Place of Business:

4651 BABCOCK STREET
UNIT 18 BOX 321
PALM BAY, FL 32905

Current Mailing Address:

4651 BABCOCK STREET
UNIT 18 BOX 312
PALM BAY, FL 32905

New Mailing Address:

4651 BABCOCK STREET
UNIT 18 BOX 321
PALM BAY, FL 32905

FEI Number: 32-0228604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIDGLEY, WILLIAM
4651 BABCOCK STREET
UNIT 18 BOX 312
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: CAREIF LTD
Address: 59 KNUTSFORD BOULEVARD
City-St-Zip: KINGSTON 5, JA JA

Title: MGRM () Delete
Name: THARPE, ANTHONY PRES
Address: 59 KNUTSFORD BOULEVARD
City-St-Zip: KINGSTON 5, JA JA

Title: MGRM () Delete
Name: RIDGLEY, WILLIAM MEMBER
Address: 4651 BABCOCK STREET UNIT 18 BOX 312
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAREIF LTD
Address: HALF MOON P.O.
City-St-Zip: MONTEGO BAY, JA JA

Title: MGRM (X) Change () Addition
Name: THARPE, ANTHONY PRES
Address: HALF MOON P.O.
City-St-Zip: MONTEGO BAY, JA JA

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: ANTHONY THARPE

PRES

04/21/2009

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