2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2010
Secretary of State

DOCUMENT# L06000100083

Entity Name: CAREIF, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: CAREIF LTD
Address: HALF MOON P.O.
City-St-Zip: MONTEGO BAY, JA JA

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

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

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 Statues.

SIGNATURE: ANTHONY THARPE MGRM 02/08/2010

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