

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000100083

Entity Name: CAREIF, LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6726-3RD STREET  
JUPITER, FL 33458

**New Principal Place of Business:**

6701- MALLARDS COVE RD.  
APP #B1  
JUPITER, FL 33458

**Current Mailing Address:**

6726-3RD STREET  
JUPITER, FL 33458

**New Mailing Address:**

6701- MALLARDS COVE RD.  
APP #B1  
JUPITER, FL 33458

FEI Number: 32-0228604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIDGLEY, WILLIAM  
6726-3RD STREET  
JUPITER, FL 33458 US

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

RIDGLEY, WILLIAM  
6701-MALLARDS COVE RD.  
APT# B1  
JUPITER, FL 33458 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:

04/26/2012

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 00000 JA

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

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: ANTHONY THARPE

CEO

04/26/2012

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