

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105055

FILED
Jan 25, 2008
Secretary of State

Entity Name: LOVING CARE SOLUTIONS LLC

Current Principal Place of Business:

401 GLEN OAK RD.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

401 GLEN OAK RD.
VENICE, FL 34293

New Mailing Address:

FEI Number: 45-0545263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GAIL N
1320 NANTUCKET RD
VENICE, FL 34293 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: MGRM () Delete
Name: SMITH, GAIL N
Address: 401 GLEN OAK RD.
City-St-Zip: VENICE, FL 34293

Title: MGRM () Delete
Name: BAKER, MICHELE
Address: 331 ALLIGATOR DR
City-St-Zip: VENICE, FL 34293

Title: MGRM () Delete
Name: BRENNER, MARTHA N
Address: 130 SKYVIEW DR.
City-St-Zip: CROMWELL, CT 06416

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL SMITH

MGRM

01/25/2008

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