

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105055

FILED  
Apr 20, 2009  
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:**

SMITH, GAIL N  
401 GLEN OAK ROAD  
VENICE, FL 34293 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:

04/20/2009

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: MGRM (X) Change ( ) Addition  
Name: BRENNER, MARTHA N  
Address: 401 GLEN OAK ROAD  
City-St-Zip: VENICE, FL 34293

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

MGR

04/20/2009

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