

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90365 033 ****50.00

DOCUMENT # L06000108110

1. Entity Name
SENIORDIPITY HOME HEALTH PL



40113018



Principal Place of Business
**1518 SAKONNET CT
BRANDON, FL 33511 US**

Mailing Address
**1518 SAKONNET CT
BRANDON, FL 33511 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04052007 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
20-5848623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUEVO, GERALDINE 1518 SAKONNET CT BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIKENS, KIM 1518 SAKONNET CT BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HURT, JACQUELINE 1518 SAKONNET CT BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURT, JACQUELINE 1518 SAKONNET CT BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: GERALDINE F. NUEVO 04/25/07 813-391-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #