

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108454

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** YOUR CARE INVESTMENTS, LLC

**Current Principal Place of Business:**

5111 66TH STREET NORTH  
SUITE 503  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

5111 66TH STREET NORTH  
SUITE 503  
ST PETERSBURG, FL 33709 US

**New Mailing Address:**

**FEI Number:** 20-5876453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHASTRI, MILIND  
8655 BAYOU WAY  
PINELLAS PARK, FL 33782 US

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

SHASTRI, MILIND  
7296 MARATHON DRIVE  
APT 206  
SEMINOLE, FL 33777 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: MS

01/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHASTRI, MILIND  
Address: 7296 MARATHON DRIVE, APT 206  
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGRM  
Name: SHASTRI, RUPA  
Address: 8655 BAYOU WAY  
City-St-Zip: PINELLAS PARK, FL 33782 US

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: MS

PRES

01/08/2011

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