

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111895

Entity Name: ELEGANT HOME CARE, LLC

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

12452 SPRING HILL DR.  
SPRING HILL, FL 34609

## New Principal Place of Business:

3041 ANCHOR AVE  
SPRING HILL, FL 34608

## Current Mailing Address:

12452 SPRING HILL DR.  
SPRING HILL, FL 34609

## New Mailing Address:

3041 ANCHOR AVE  
SPRING HILL, FL 34608

FEI Number: 20-5929408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

VARRICHIO, EMIL J  
5254 LEGEND HILLS LANE  
SPRING HILL, FL 34609      US

## Name and Address of New Registered Agent:

VARRICHIO, EMIL J  
3041 ANCHOR AVE  
SPRING HILL, FL 34608      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: EMIL J VARRICHIO

06/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: VARRICHIO, EMIL J  
Address: 5254 LEGEND HILLS LANE  
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM      ( ) Delete  
Name: CAMPBELL, JOHN  
Address: 14342 NUGENT CIRCLE  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: VARRICHIO, EMIL J  
Address: 3041 ANCHOR AVE  
City-St-Zip: SPRING HILL, FL 34608

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: EMIL J VARRICHIO

MR

06/15/2009

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