2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L06000113510

Entity Name: LOVING CARE ASSISTED LIVING, LLC

Current Principal Place of Business:

870 7TH AVENUE N.E.
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

870 7TH AVE N.E.
LARGO, FL 33770

New Mailing Address:

FEI Number: 20-5937138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELVILLE, MARCO A
1408 WILSON RD
CLEARWATER, FL 33755 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:	MELVILLE, MARCO A	
Address:	870 - 7TH AVENUE N.E.	
City-St-Zip:	LARGO, FL 33770	
Title:	MGRM	(X) Delete
Name:	MERCALDI, MACARIA E	
Address:	1408 WILSON RD	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGRM	( ) Delete
Name:	MELVILLE, NELLY E	
Address:	2062 BUTTERNUT CIR E	
City-St-Zip:	CLEARWATER, FL 33755	

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: MARCO MELVILLE MGRM 03/20/2009

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