

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113510

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** LOVING CARE ASSISTED LIVING, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:** MGR  
**Name:** MELVILLE, MARCO A  
**Address:** 870 - 7TH AVENUE N.E.  
**City-St-Zip:** LARGO, FL 33770 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: MARCO MELVILLE

MGR

01/14/2012

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