

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113549

**FILED
Jul 08, 2008
Secretary of State**

Entity Name: GOOD HOPE HEALTH SERVICE, LLC

Current Principal Place of Business:

24544 SW 114 COURT
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

24544 SW 114 COURT
HOMESTEAD, FL 33032 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOLORIER, MOYRA J
24544 SW 114 COURT
HOMESTEAD, FL 33032 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: DOLORIER, MOYRA J
Address: 24544 SW 114 COURT
City-St-Zip: HOMESTEAD, FL 33032 US

ADDITIONS/CHANGES:

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: MOYRA DOLORIER

MRS

07/08/2008

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