

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000115944

**FILED**  
**May 19, 2011**  
**Secretary of State**

**Entity Name:** CLARKE'S QUALITY CARE, LLC

**Current Principal Place of Business:**

2214 VALRICO FOREST DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

2214 VALRICO FOREST DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 22-3948350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLICENT M MILLER-CLARKE  
2214 VALRICO FOREST DRIVE  
VALRICO, FL 33594 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: MILLER-CLARKE, MILLICENT M  
Address: 2214 VALRICO FOREST DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: ST  
Name: MILLER-CLARKE, MILLICENT M  
Address: 2214 VALRICO FOREST DRIVE  
City-St-Zip: VALRICO, FL 33594

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: MILLICENT MILLER-CLARKE

MGMB

05/19/2011

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