

**L06000116060**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ of \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/25/09--01043--005 \*\*25.00

2009 OCT -2 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**C. LEWIS**

*Oct. 5,* 2009

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2009

JANET SMITH / HOMEWATCH CAREGIVERS  
11715 ORPINGTON ST.  
SUITE E  
ORLANDO, FL 32817

SUBJECT: ORLANDO CAREGIVERS LLC  
Ref. Number: L06000116060

We have received your document for ORLANDO CAREGIVERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a *member*.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00031523

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Caregivers, LLC d/b/a/ Homewatch Caregivers  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet Smith

Name of Person

Homewatch Caregivers

Firm/Company

11715 Orpington St., Ste. E

Address,

Orlando, FL 32817

City/State and Zip Code

janetsmith@homewatchcaregivers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Smith

Name of Person

at ( 407 )

992-9958

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:** ✓

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Orlando Caregivers, LLC

2. (a) Principal office address of limited liability company: 11715 Orpington St., Ste. E



(Note: **MUST BE STREET ADDRESS**)

Orlando, FL 32817



(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

December 5, 2006

L06000116060

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Laima Warnecke

Registered Office Address:

11715 Orpington St., Ste.  
Orlando, FL 32817

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

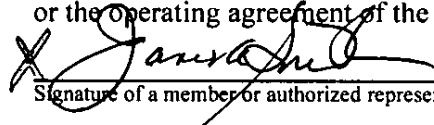
**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

1826 N. Alafaya Tr.  
Suite 200  
Orlando, FL 32826

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Janet A. Smith

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00