

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117983

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** DAFFODIL HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

18350 NW 2ND AVE  
314  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

865 N.E 205TH TERRACE  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 56-2628096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROLLE, DAPHNE  
865 NE 205TH TERRACE  
MIAMI, FL 33179 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  
**Name:** ROLLE, DAPHNE  
**Address:** 865 N.E 205TH TERRACE  
**City-St-Zip:** MIAMI, FL 33179

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: DAPHNE ROLLE

MGRM

04/27/2012

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