

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121753

FILED
Feb 10, 2009
Secretary of State

Entity Name: ASSURED HOME CARE, LLC

Current Principal Place of Business:

111 NORTH STATE ST, SUITE 2D
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 352342
PALM COAST, FL 321352342

New Mailing Address:

FEI Number: 20-8096013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, SYLVESTER
37 WESTBRIAR LN.
PALM COAST, FL 32164 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: WILLIAMS, SYLVESTER
Address: 37 WESTBRIAR LN.
City-St-Zip: PALM COAST, FL 32164 US

Title: MGRM () Delete
Name: MINOT, LOVINA
Address: 15 BARRISTER LN.
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SYLVESTER WILLIAMS

MGRM

02/10/2009

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