

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003059

FILED
Feb 17, 2011
Secretary of State

Entity Name: CLIENT CARE INSURANCE, LLC

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
151
ORLANDO, FL 32809 US

New Principal Place of Business:

5391 TORTUGA DR.
ORLANDO, FL 32837 US

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
151
ORLANDO, FL 32809 US

New Mailing Address:

5391 TORTUGA DR.
ORLANDO, FL 32837 US

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

Name and Address of Current Registered Agent:

AVILA, CLAUDIA S
12842 HUNTERS VISTA BLVD
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

AVILA, CLAUDIA S
5391 TORTUGA DR.
ORLANDO, FL 32837 US

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: CLAUDIA S. AVILA

02/17/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: AVILA, CLAUDIA S
Address: 5391 TORTUGA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP
Name: AVILA, CESAR A
Address: 5391 TORTUGA DR.
City-St-Zip: ORLANDO, FL 32837 US

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: CESAR A. AVILA

VP

02/17/2011

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