

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003059

FILED
Mar 01, 2012
Secretary of State

Entity Name: CLIENT CARE INSURANCE, LLC

Current Principal Place of Business:

5391 TORTUGA DR.
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

5391 TORTUGA DR.
ORLANDO, FL 32837 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

03/01/2012

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