

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009942

Entity Name: HOME CARE UNLIMITED LLC

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

3107 SPRING GLEN RD
208
JACKSONVILLE, FL 32207 US

Current Mailing Address:

3107 SPRING GLEN RD
208
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

7749 NORMANDY BLVD145-338
208
JACKSONVILLE, FL 32221 US

New Mailing Address:

7749 NORMANDY BLVD145-338
208
JACKSONVILLE, FL 32221 US

FEI Number: 20-8313557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAUGHNS, DAVID V SR
WEST MAIN STREET
JACKSONVILLE, FL 36610 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: WATKINS, EDNA L
Address: 3107 SPRING GLEN RD #208
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR () Delete
Name: WATKINS, DARYL
Address: 3107 SPRING GLEN RD #208
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATKINS, DARYL
Address: 7749 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: MGR (X) Change () Addition
Name: WATKINS, DARYL
Address: 7749 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32221

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: DARYL WATKINS

MGMR

04/05/2009

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