2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L07000017616

Entity Name: CARINGPLUS 2 HOMECARE, LLC

Current Principal Place of Business:

455 DOUGLAS AVENUE
SUTE 2155
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

455 DOUGLAS AVENUE
SUTE 2155
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HINCKLEY, JAMES C
4130 FLORALWOOD COURT
ORLANDO, FL 32812 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: ARROJO, E. MICHAEL I
Address: 4365 CALEDONIA AVENUE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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: MICHAEL ARROJO MGRM 07/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date