

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017616

Entity Name: CARINGPLUS 2 HOMECARE, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

455 DOUGLAS AVENUE
SUITE 2155
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

4365 CALEDONIA AVENUE
APOPKA, FL 32712

Current Mailing Address:

455 DOUGLAS AVENUE
SUITE 2155
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

4365 CALEDONIA AVENUE
APOPKA, FL 32712

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: ARROJO, KRISTEN I
Address: 4365 CALEDONIA AVENUE
City-St-Zip: APOPKA, FL 32712

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: E. MICHAEL ARROJO

MGRM

04/29/2009

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