2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

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Entity Name: RENOVATION HEALTH CARE LLC

Current Principal Place of Business:

4355 W 16 AVE
202 A,B,C
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4355 W 16 AVE
202 A,B,C
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8608777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLEDO, AYMEE
4355 W 16 AVE STE 202
HIALEAH, FL 33012 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: MGR
Name: TOLEDO, AYMEE
Address: 8212 NW 164 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR
Name: AYMEE, TOLEDO
Address: 4355 W 16TH AVE
City-St-Zip: HIALEAH, FL 33012

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 Statues.

SIGNATURE: AYMEE TOLEDO P 04/21/2010

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