

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000025839

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**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:**

14505 COMMERCE WAY  
550  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

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

**New Mailing Address:**

14505 COMMERCE WAY  
550  
MIAMI LAKES, FL 33016

**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:**

TOLEDO, AYMEE  
14505 COMMERCE WAY  
550  
MIAMI LAKES, FL 33016 US

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: AYMEE TOLEDO

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TOLEDO, AYMEE  
Address: 14505 COMMERCE WAY, SUITE 550  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR  
Name: AYMEE, TOLEDO  
Address: 14505 COMMERCE WAY, SUITE 550  
City-St-Zip: MIAMI LAKES, FL 33016

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: AYMEE TOLEDO

MGR

03/10/2011

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