

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000025839

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** RENOVATION HEALTH CARE LLC

**Current Principal Place of Business:**

14505 COMMERCE WAY  
550  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14505 COMMERCE WAY  
550  
MIAMI LAKES, FL 33016

**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  
14505 COMMERCE WAY  
550  
MIAMI LAKES, FL 33016 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:** 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

PD

04/10/2012

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