

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 017 ***138.75

DOCUMENT # L07000030890					
1. Entity Name SINCERE CARE, LLC					
Principal Place of Business 8141 SETTERS POINT DRIVE NEW PORT RICHEY, FL 34653			Mailing Address 8141 SETTERS POINT DRIVE NEW PORT RICHEY, FL 34653		
2. Principal Place of Business - No P.O. Box # 8141 SETTERS POINT DR		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NEW PORT RICHEY, FL		City & State		4. FEI Number 33-1162174	
Zip 34653		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TABUENA, SANTOS A JR. 8141 SETTERS POINT DRIVE NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE <u>2/14/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME TABUENA, SANTOS A JR. STREET ADDRESS 8141 SETTERS POINT DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME TABUENA, SANTOS A JR. STREET ADDRESS 385 WESTWINDS DRIVE CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME TABUENA, MARYLOU I STREET ADDRESS 8141 SETTERS POINT DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME TABUENA, MARYLOU T STREET ADDRESS 385 WESTWINDS DRIVE CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME TABUENA, SANTOS A STREET ADDRESS 8141 SETTERS POINT DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME TABUENA, SANTOS A JR. STREET ADDRESS 385 WESTWINDS DRIVE CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u>			2/14/08 727-375-8745		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		