2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L07000030890

Entity Name: SINCERE CARE, LLC

Current Principal Place of Business:

8141 SETTERS POINT DRIVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8141 SETTERS POINT DRIVE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 33-1162174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TABUENA, SANTOS A JR.
8141 SETTERS POINT DRIVE
NEW PORT RICHEY, FL 34653 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 ( ) Delete
Name: JABUENA, SANTOS A JR
Address: 385 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34653

Title: MGRM ( ) Delete
Name: TABUENA, MARYLOU I
Address: 385 WESTWINDS DRICE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete
Name: TABUENA, SANTOS A
Address: 385 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TABUENA, SANTOS A JR
Address: 385 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34653

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

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

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: SANTOS A TABUENA MGRM 04/06/2009

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