

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030890

Entity Name: SINCERE CARE, LLC

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**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  
Name: TABUENA, SANTOS A JR  
Address: 385 WESTWINDS DRIVE  
City-St-Zip: PALM HARBOR, FL 34653

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

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

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: MARYLOU TABUENA

MGRM

04/02/2010

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