

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031747

FILED
Apr 29, 2009
Secretary of State

Entity Name: BLOSSOM'S LOVING CARE, LLC

Current Principal Place of Business:

4800 N.W. 94TH AVENUE
SUNRISE, FL 33361 US

New Principal Place of Business:

4800 N.W. 94TH AVENUE
SUNRISE, FL 33351 US

Current Mailing Address:

4800 N.W. 94TH AVENUE
SUNRISE, FL 33361 US

New Mailing Address:

4800 N.W. 94TH AVENUE
SUNRISE, FL 33351 US

FEI Number: 20-8699289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF MARILYN L. MALOY, P.A.
3350 S.W. 148 AVENUE
110
MIRAMAR, FL 33027 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: MGRM () Delete
Name: ANTONIE, BLOSSOM I
Address: 4800 N.W. 94TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM () Delete
Name: BROWN, MERRYL A
Address: 101 N.E. THIRD AVENUE, SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

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: MERRYL A. BROWN

MGRM

04/29/2009

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