

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033912

**FILED**  
**Jun 18, 2009**  
**Secretary of State**

**Entity Name:** DUJON ELDERCARE SERVICES, LLC

**Current Principal Place of Business:**

1125 W. SEAGATE DRIVE  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

1125 W. SEAGATE DRIVE  
DELTONA, FL 32725 US

**New Mailing Address:**

**FEI Number:** 20-8756001      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUJON, CAROLYN  
1125 W. SEAGATE DRIVE  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

DUJON, CAROLYN S  
1125 W. SEAGATE DRIVE  
DELTONA, FL 32725 US

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: CAROLYN S. DUJON

06/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUJON, CAROLYN  
Address: 1125 W. SEAGATE DRIVE  
City-St-Zip: DELTONA, FL 32725 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: DUJON, CAROLYN S  
Address: 1125 W. SEAGATE DRIVE  
City-St-Zip: DELTONA, FL 32725 US

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: CAROLYN S DUJON

PRES

06/18/2009

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