

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035793

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** REPT-CARE, LLC

**Current Principal Place of Business:**

WILLIAM K. HORNECK  
224 CITRUS TRAIL  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

WILLIAM K. HORNECK  
224 CITRUS TRAIL  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 20-8940653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORNECK, WILLIAM K  
2407 QUANTUM BOULEVARD  
BOYNTON BEACH, FL 33426 US

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

HORNECK, WILLIAM K  
224 CITRUS TRAIL  
BOYNTON BEACH, FL 33426 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:**

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HORNECK, WILLIAM K  
**Address:** 224 CITRUS TRAIL  
**City-St-Zip:** BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

**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:** WILLIAM K. HORNECK

MGRM

04/30/2009

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