2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000036526

Entity Name: SHINGLE CARE LLC

Current Principal Place of Business:

530 EAST CENTRAL BLVD.
#1501
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

424 E. CENTRAL BLVD.
#304
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-8791762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KONITS, BARBARA L
530 E. CENTRAL BLVD.
UNIT #1501
ORLANDO, FL 32801 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: KONITS, BARBARA L
Address: 530 EAST CENTRAL BLVD, #1501
City-St-Zip: ORLANDO, FL 32801 US

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: BARBARA L. KONITS MGR 04/30/2009

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