

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044708

FILED
Apr 28, 2008
Secretary of State

Entity Name: NEW BEGINNINGS HOME CARE AND COMPANION SERVICES, LLC

Current Principal Place of Business:

116 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

324 N. MYRTLE AVE.
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

324 NORTH MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

324 N. MYRTLE AVE.
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 20-8951514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WASHINGTON, DAWN E
324 NORTH MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168 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: WASHINGTON, DAWN E
Address: 324 NORTH MYRTLE AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM () Delete
Name: THOMAS, PATRICIA P
Address: 1105 WILKINS STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 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: DAWN E. WASHINGTON

MGRM

04/28/2008

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