

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046795

FILED
Apr 25, 2009
Secretary of State

Entity Name: DE JAY'S ADULT CARE LLC

Current Principal Place of Business:

700 NW 65TH AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

700 NW 65TH AVE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 26-0167435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, CARL
1051 NW 107TH AVE
PLANTATION, FL 33322 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: FRECKLETON, AUTHEIL
Address: 700 NW 65TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: TAYLOR, CLAUDINE
Address: 3900 BOULDER CREEK ROAD
City-St-Zip: SNELVILLE, GA 30039

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: AUTHEIL FRECKLETON

MGRM

04/25/2009

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