

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067147

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** HEAVENLY HANDS HOME HEALTH AGENCY, LLC

**Current Principal Place of Business:**

7845 CORAL WAY  
MIAMI, FL 33155 US

**New Principal Place of Business:**

6507 S DIXIE HIGHTWAY  
SUITE#117  
WEST PALM BEACH, FL 33405 US

**Current Mailing Address:**

7845 CORAL WAY  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 26-0431559      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ESCARPIO, MARIA C  
2820 SW 101 CT  
MIAMI, FL 33165 US

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

RODRIGUEZ, TAMARA  
6801 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014 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: TAMARA RODRIGUEZ

02/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ESCARPIO, MARIA C  
Address: 2820 SW 101 CT  
City-St-Zip: MIAMI, FL 33165 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRN ( ) Change (X) Addition  
Name: RODRIGUEZ, TAMARA  
Address: 6801 MIAMI LAKEWAY SOUTH  
City-St-Zip: MIAMI LAKES, FL 33014

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: TAMARA RODRIGUEZ

MGRN

02/27/2008

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