

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074585

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** INGRAM CARE BEARS, LLC

**Current Principal Place of Business:**

1728 KINGSLEY AVENUE  
SUITE 8  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

2325 WOOD HOLLOW LANE  
UNIT B  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

P. O. BOX 9625  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

**FEI Number:** 26-0640728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEAGUE & JESPERSON, P.A.  
3955 RIVERSIDE AVENUE  
SUITE 100  
JACKSONVILLE, FL 32205 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  
Name: INGRAM, DENNISS  
Address: 2325 WOOD HOLLOW LANE, UNIT B  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: INGRAM, JANICE  
Address: 2325 WOOD HOLLOW LANE, UNIT B  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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: JANICE INGRAM

OWNE

03/02/2012

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