

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075076

FILED
May 03, 2009
Secretary of State

Entity Name: VERA'S LOVE & CARE SERVICES, LLC

Current Principal Place of Business:

61 GREENLIN VILLA RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

89 LOUIS ST.
HAVANA, FL 32333

New Mailing Address:

FEI Number: 36-4609607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOODS, ELVERA
89 LOUIS STREET
HAVANA, FL 32333 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODS, ELVERA
Address: 89 LOUIS ST.
City-St-Zip: HAVANA, FL 32333

Title: MGRM () Delete
Name: WOODS, SHEDRICK
Address: 89 LOUIS ST.
City-St-Zip: HAVANA, FL 32333

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: SHEDRICK R WOODS

MGR

05/03/2009

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