

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075076

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

89 LOUIS STREET  
TALLAHASSEE, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

403 VINNEDGE RIDE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 36-4609607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODS, ELVERA  
89 LOUIS STREET  
HAVANA, FL 32333 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: MGR  
Name: WOODS, ELVERA  
Address: 89 LOUIS STREET  
City-St-Zip: HAVANA, FL 32333

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

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: SHEDRICK WOODS

MGR

04/30/2012

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