


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90305 035 \*\*\*138.75

<b>DOCUMENT # L07000077658</b> 1. Entity Name CARING HEARTS HOME CARE, LLC.					
Principal Place of Business 2435 U.S HWY 19 160 HOLIDAY, FL 34691			Mailing Address 2435 U.S HWY 19 160 HOLIDAY, FL 34691		
2. Principal Place of Business - No P.O. Box # 6119 Grand Blvd		3. Mailing Address 6119 Grand Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey FL		City & State New Port Richey FL			
Zip 34652	Country Pasco	Zip 34652	Country Pasco	4. FEI Number 65-1313845	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  PAYNE, TARA K 2435 U.S. HWY 19 160 HOLIDAY, FL 34691			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 6119 Grand Blvd City New Port Richey FL Zip Code 34652		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, TARA K 2435 U.S HWY 19 SUITE#160 HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6119 Grand Blvd New Port Richey FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, LAURIE A 2435 U.S. HWY 19 SUITE#160 HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6119 Grand Blvd New Port Richey FL 34652	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/17/08 727-945-7540 <small>Date Daytime Phone #</small>		