

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90026 025 ***138.75

60038583



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1313855 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000077668

1. Entity Name
CARING HEARTS IN-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
Suite, Apt. #, etc.

3. Mailing Address 6119 Grand Blvd
Suite, Apt. #, etc.

City & State New Port Richey FL
Zip 34652 Country
City & State New Port Richey FL
Zip 34652 Country Pasco

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PAYNE, TARA K
STREET ADDRESS 2435 U.S HWY 19 SUITE#160
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE MGRM ☐ Delete
NAME MEYER, LAURIE A
STREET ADDRESS 2435 U.S HWY 19 SUITE#160
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition
NAME
STREET ADDRESS 6119 Grand Blvd
CITY-ST-ZIP New Port Richey FL 34652

☒ Change ☐ Addition
NAME
STREET ADDRESS 6119 Grand Blvd
CITY-ST-ZIP New Port Richey FL 34652

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CITY-ST-ZIP

☐ Change ☐ Addition
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.

SIGNATURE: 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #