

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080885

FILED
May 05, 2008
Secretary of State

Entity Name: MASTER TOUCH CARES, LLC.

Current Principal Place of Business:

2150 BIG BUCK DR.
ST CLOUD, FL 34472

New Principal Place of Business:

Current Mailing Address:

2150 BIG BUCK DR.
ST CLOUD, FL 34472

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FARMER, JAMES J
2150 BIG BUCK DR
ST CLOUD, FL 34472 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: MGRM () Delete
Name: FARMER, JAMES J
Address: 2150 BIG BUCK DR
City-St-Zip: ST CLOUD, FL 34472

Title: MGR () Delete
Name: FULLER, LORI
Address: 2150 BIG BUCK DR
City-St-Zip: ST CLOUD, FL 34472

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: LORI FULLER

MGR

05/05/2008

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