

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080885

FILED
Apr 30, 2009
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:

3950 KIAWA DRIVE
ORLANDO, FL 32837

Current Mailing Address:

2150 BIG BUCK DR.
ST CLOUD, FL 34472

New Mailing Address:

3950 KIAWA DRIVE
ORLANDO, FL 32837

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, JAMES J
2150 BIG BUCK DR
ST CLOUD, FL 34472 US

Name and Address of New Registered Agent:

FARMER, JAMES J
3950 KIAWA DRIVE
ORLANDO, FL 32837 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: JAMES FARMER JR

04/30/2009

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: MGRM (X) Change () Addition
Name: FARMER, JAMES J
Address: 3950 KIAWA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGR (X) Change () Addition
Name: FULLER, LORI
Address: 3950 KIAWA DRIVE
City-St-Zip: ORLANDO, FL 32837

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: JAMES FARMER JR

MGR

04/30/2009

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