

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081059

FILED
Apr 06, 2009
Secretary of State

Entity Name: ACHIEVE HOME CARE, LLC

Current Principal Place of Business:

11329 COUNTRYWAY BOULEVARD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

11329 COUNTRYWAY BOULEVARD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-0750153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, DOUGLAS C
1801 NORTH BELCHER ROAD
CLEARWATER, FL 33765 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 () Delete
Name: WALTERS, DOUGLAS C
Address: 1801 NORTH BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: MGR () Delete
Name: EKREN, YALCIN
Address: 1801 NORTH BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: EKREN, YALCIN
Address: 1801 NORTH BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS C. WALTERS

MGR

04/06/2009

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