

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086949

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: FUENTES CARE SOLUTIONS LLC

## Current Principal Place of Business:

8324 NW 7TH ST #117  
MIAMI, FL 33126

## New Principal Place of Business:

8454 NW 8TH ST  
2  
MIAMI, FL 33126

## Current Mailing Address:

8324 NW 7TH ST #117  
MIAMI, FL 33126

## New Mailing Address:

8454 NW 8TH ST  
2  
MIAMI, FL 33126

FEI Number: 26-0843840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FUENTES, JUAN M  
8324 NW 7TH ST #117  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

FUENTES, JUAN M  
8454 NW 8TH ST  
2  
MIAMI, FL 33126 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: JUAN M. FUENTES

01/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FUENTES, JUAN M  
Address: 8324 NW 7TH ST #117  
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Delete  
Name: PEREZ, MABEL A  
Address: 8324 NW 7TH ST #117  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FUENTES, JUAN M  
Address: 8454 NW 8TH ST NO 2  
City-St-Zip: MIAMI, FL 33126

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: JUAN M. FUENTES

MGRM

01/15/2009

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