2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # L07000097761** 04-21-2008 90326 048 ***143.75 1. Entity Name FAITH ELDERCARE & HOMECARE SERVICES, LLC UUUWVV.. Principal Place of Business Mailing Address 1981 WOOLBRIGHT RD. 1981 WOOLBRIGHT RD. **BUILDING E SUITE 203 BUILDING E SUITE 203** BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-LLC CR2E083 (12/06) X Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF NICK SPRADLIN, PLLC THE LAW OFFICES OF NICK SPRADLIN, PLLC Street Address (P.O. Box Number is Not Acceptable) 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618 SUITE 110 Zip Code 3361 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 of name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **MGRM** TITLE Delete TITI F ☐ Change ☐ Addition BRUBAKER, GREGORY B NAME NAME STREET ADDRESS 1981 WOOLBRIGHT RD. BUILDING E SUITE 203 STREET ADDRESS CITY-ST-74P BOYNTON BEACH, FL 33426 3 CITY-ST-ZIP TITLE Delete TIT) F □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME . NAME STREET ADDRESS STREET ADDRES CITY-S: - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.