

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097761

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** FAITH ELDERCARE & HOMECARE SERVICES, LLC

**Current Principal Place of Business:**

1981 WOOLBRIGHT RD.  
BUILDING E SUITE 203  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

1981 WOOLBRIGHT RD.  
BUILDING E SUITE 203  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

**FEI Number:** 26-1128029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUBAKER, GREGORY B MGRM  
1981 WOOLBRIGHT RD. BLDG E-203  
BOYNTON BEACH, FL 33426 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:** MGRM  
**Name:** BRUBAKER, GREGORY B  
**Address:** 1981 WOOLBRIGHT RD. BUILDING E SUITE 203  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

I hereby 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:** GREGORY B. BRUBAKER

MGRM

04/28/2010

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