## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098956

Entity Name: D'VAL HOME HEALTH AGENCY LLC

FILED Jan 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

186 S.E. 12TH. TERRACE 4995 N.W. 72ND. AVENUE 406

1603

MIAMI, FL 33131 MIAMI, FL 33166

**Current Mailing Address: New Mailing Address:** 

4995 N.W. 72ND. AVENUE 186 S.E. 12TH. TERRACE 1603 406

MIAMI, FL 33131 MIAMI, FL 33166

FEI Number: 26-1846159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VALENCIA, CARLOS F VALENCIA, CARLOS F 186 S.E. 12TH. TERRACE 4995 N.W. 72ND. AVENUE 1603 406

MIAMI, FL 33131 US MIAMI, FL 33166 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: CARLOS F VALENCIA 01/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change ( ) Addition VALENCIA, CARLOS F VALENCIA, CARLOS F Name: Name:

186 S.E. 12TH. TERRACE NO: 1603 Address: 4995 N.W. 72ND. AVENUE SUITE 406 Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete Title: (X) Change ( ) Addition CASTELLON, MAYBEL Name: CASTELLON, MAYBEL Name:

Address: 186 S.E. 12TH, TERRACE NO: 1603 Address: 4995 N.W. 72ND. AVENUE SUITE 406

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete Title: MGR (X) Change ( ) Addition CASTELLON, BRISMAY CASTELLON, BRISMAY Name: Name:

186 S.E. 12TH. TERRACE 4995 N.W. 72ND. AVENUE SUITE 406 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33166

( ) Delete (X) Change ( ) Addition Title: MGR Title: MGR

Name: CIMENTADA, DAVID Name: CIMENTADA, DAVID

4995 N.W. 72ND. AVENUE SUITE 406 Address: 186 S.E. 12TH. TERRACE Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33166

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: CARLOS F VALENCIA 01/29/2008