2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# L07000099666

Entity Name: PRESTIGE HOME CARE, LLC

Current Principal Place of Business:

361 NW 37 STREET
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

361 NW 37 STREET
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOBBAN, NORMAN A
4448 INVERRARY BLVD.
LAUDERHILL, FL 33319 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	( ) Delete
Name:	VOCE, PEARL	
Address:	361 NW 37 STREET	
City-St-Zip:	OAKLAND PARK, FL 33309	
Title:	PECO	( ) Delete
Name:	VOCE, PEARL	
Address:	361 NW 37 STREET	
City-St-Zip:	OAKLAND PARK, FL 33309	
Title:	MGRM	( ) Delete
Name:	VOCE, ALLAN G.S. DR.	
Address:	361 NW 37 STREET	
City-St-Zip:	OAKLAND PARK, FL 33309	
Title:	T	( ) Delete
Name:	VOCE, ALLAN G.S. DR.	
Address:	361 NW 37 STREET	
City-St-Zip:	OAKLAND PARK, FL 33309	

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:	
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: PEARL VOCE MGRM 09/03/2008

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

OCT-10-08 09:34 AM Dr. Allan Voce

Oct. 10-08

361 N.W. 37th. St.
Oakland Pk. Fl. 33309

Dept of State
Tallahassee - Fl.

re:- Prestige HOME CARE, LCC
License # L07000099666

Attn. JERALINE = FAX #850-245-6017

With reference to our telephone conversation yesterday, I am reconfirming that I did not and have not received any information or notice to re-apply for refiling on due date. Please process my refund in the sum of $390.00 which was charged to my Debit CARD for $500. The Dept. of State is due $110.00

Please mail check to my address as Written above.

Yours truly
Dr. Allan Voce

Refund