

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# L07000105710

Entity Name: MIMA'S HOME CARE LLC

Current Principal Place of Business:

25799 SW 122 PLACE
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

6899 WEST 26 AVENUE
HIALEAH, FL 33016

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:

MOREJON, MARTA C
6899 WEST 26 AVENUE
HIALEAH, FL 33016 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: MGR () Delete
Name: MOREJON, MARTA
Address: 6899 WEST 26 AVENUE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

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: MARTHA MOREJON MGR 04/30/2008

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