

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108326

FILED
Feb 18, 2009
Secretary of State

Entity Name: ASSURED HOME HEALTHCARE, LLC

Current Principal Place of Business:

318 HIGHCROFT COURT
LAKE MARY, FL 32746

New Principal Place of Business:

951 N. ORLANDO AVE.,
MAITLAND, FL 32751

Current Mailing Address:

318 HIGHCROFT COURT
LAKE MARY, FL 32746

New Mailing Address:

951 N. ORLANDO AVE.,
MAITLAND, FL 32751

FEI Number: 26-1301423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIN, TROY
318 HIGHCROFT COURT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CHIN, TROY
318 HIGHCROFT CT.,
LAKE MARY, FL 32746 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: TROY CHIN

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHIN, TROY
Address: 318 HIGHCROFT COURT
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: CHIN, KANWAL
Address: 318 HIGHCROFT COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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: TROY CHIN

MGRM

02/18/2009

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