

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009768

FILED
Jan 06, 2009
Secretary of State

Entity Name: ADMIRE CARE, LLC

Current Principal Place of Business:

14351 GREATER PINES BOULEVARD
CLERMONT, FL 34711

New Principal Place of Business:

1200 OAKLEY SEAVER DRIVE
SUITE 203
CLERMONT, FL 34711

Current Mailing Address:

14351 GREATER PINES BOULEVARD
CLERMONT, FL 34711

New Mailing Address:

1200 OAKLEY SEAVER DRIVE
SUITE 203
CLERMONT, FL 34711

FEI Number: 38-3774197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MERCIER, ADMIRE H
14351 GREATER PINES BLVD
CLERMONT, FL 34711 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: MERCIER, ADMIRE H
Address: 14251 GREATER PINES BLVD
City-St-Zip: CLERMONT, FL 34711

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: ADMIRE MERCIER

MGRM

01/06/2009

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