

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016042

Entity Name: CVM CARE, LLC

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

1099 WEST 43 PLACE
HIALEAH, FL 33012

New Principal Place of Business:

12163 SW 102ND ST
MIAMI, FL 33186

Current Mailing Address:

1099 WEST 43 PLACE
HIALEAH, FL 33012

New Mailing Address:

12163 SW 102ND ST
MIAMI, FL 33186

FEI Number: 26-2091920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUERRERO, PAOLA
8501 SW 124 AVENUE
SUITE 312
MIAMI, FL 33186 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: MAYEA, ANTONIA
Address: 1099 W 43 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: MAYEA, LUZ
Address: 1099 W 43 PLACE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAYEA, ANTONIA
Address: 12163 SW 102ND ST
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change () Addition
Name: MAYEA, LUZ
Address: 12214 SW 101ST TERR
City-St-Zip: MIAMI, FL 33186

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: ANTONIA MAYEA

MGR

05/19/2009

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