

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022039

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** WILLIAMS HOME CARE PLUS, LLC

**Current Principal Place of Business:**

CHARMAINE WILLIAMS BROWN  
3143 NW 42 ST  
LAUDERDALE LAKES, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

CHARMAINE WILLIAMS BROWN  
3143 NW 42 ST  
LAUDERDALE LAKES, FL 33309

**New Mailing Address:**

**FEI Number:** 27-4000317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS BROWN, CHARMAINE  
3143 NW 42 ST  
LAUDERDALE LAKES, FL 33309 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:** CEO  
**Name:** WILLIAMS BROWN, CHARMAINE  
**Address:** 3143 NW 42 ST  
**City-St-Zip:** LAUDERDALE LAKES, FL 33309

**Title:** CFO  
**Name:** BROWN, LEROY  
**Address:** 3143 NW 42 ST  
**City-St-Zip:** LAUDERDALE LAKES, FL 33309

I hereby 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:** CHARMAINE WILLIAMS BROWN

CEO

04/30/2011

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