2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# L08000022039

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 (X)**

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, LUCIEN
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 Statues.

SIGNATURE: CHARMAINE WILLIAMS BROWN CEO 04/12/2012

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