

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027786

Entity Name: RAY OF HOPE CARE, LLC

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1651 N CR 19A LYN TERRACE APT  
606  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

1651 N CR 19A LYN TERRACE APT  
606  
EUSTIS, FL 32726

**New Mailing Address:**

FEI Number: 26-2204459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DORMAN, LILIETH  
1651 N CR 19A LYN TERRACE APT  
606  
EUSTIS, FL 32726 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  
Name: DORMAN, LILIETH  
Address: 1651 N CR 19A LYN TERRACE APT 606  
City-St-Zip: EUSTIS, FL 32726

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: LILIETH DORMAN

MGRM

04/12/2012

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