

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029728

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** A CAREGIVER'S HEART, LLC

**Current Principal Place of Business:**

865 OAKWOOD DRIVE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

865 OAKWOOD DRIVE  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 26-2261272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNNINGS, JOYCE C  
865 OAKWOOD DRIVE  
MELBOURNE, FL 32940 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:** MGMR  
**Name:** MUNNINGS, JOYCE C  
**Address:** 865 OAKWOOD DRIVE  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** MGMR  
**Name:** MUNNINGS, MICHAEL F  
**Address:** 865 OAKWOOD DRIVE  
**City-St-Zip:** MELBOURNE, FL 32940

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:** JOYCE C MUNNINGS

MGMR

01/04/2012

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