

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033853

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** COMFORTS OF HOME COMPANION SERVICES, LLC

**Current Principal Place of Business:**

9900 STIRLING ROAD, SECOND FLOOR  
SUITE 244  
COOPER CITY, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

9900 STIRLING ROAD, SECOND FLOOR  
SUITE 244  
COOPER CITY, FL 33024

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

ARNOTT, DAVID R  
9900 STIRLING ROAD, SECOND FLOOR  
SUITE 244  
COOPER CITY, FL 33024 US

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: MNGR  
Name: LINCOLN, PAUL F  
Address: 9900 STIRLING RD., STE 244  
City-St-Zip: COOPER CITY, FL 33024

Title: MNGR  
Name: ARNOTT, DAVID R  
Address: 9900 STIRLING RD., STE 244  
City-St-Zip: COOPER CITY, FL 33024

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: DAVID ARNOTT

MNGR

05/01/2010

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