

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037157

FILED
Apr 24, 2009
Secretary of State

Entity Name: LAFETA FAMILY HOME CARE LLC.

Current Principal Place of Business:

1061 DIVISION ST.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1061 DIVISION ST.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 26-2361217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLEMAN, LAFETA W
1061 DIVISION ST.
JACKSONVILLE, FL 32209 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: MGR () Delete
Name: COLEMAN, LAFETA W
Address: 1061 DIVISION ST.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLEMAN, LAFETA W MRS.
Address: 1061 DIVISION ST.
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAFETA W. COLEMAN

MGR

04/24/2009

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