

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048510

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** ADULT CARE ADVOCATE LLC

**Current Principal Place of Business:**

12949 HYLAND CIRCLE  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

9734 TAPESTRY PARK CIRCLE  
#247  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

12949 HYLAND CIRCLE  
BOCA RATON, FL 33428 US

**New Mailing Address:**

9734 TAPESTRY PARK CIRCLE  
#247  
JACKSONVILLE, FL 32246 US

**FEI Number:** 26-2491275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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  
Name: RIGOTTI, LORI  
Address: 9734 TAPESTRY PARK CIRCLE #247  
City-St-Zip: JACKSONVILLE, FL 32246 US

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: LORI RIGOTTI

MGR

01/17/2011

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