

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051376

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: EXTREME CARE SERVICES LLC

**Current Principal Place of Business:**

5604 TOWN N COUNTRY BLVD  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

5604 TOWN N COUNTRY BLVD  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 26-2663417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JACKSON, AMANDA  
5604 TOWN N COUNTRY BLVD  
TAMPA, FL 33615 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 ( ) Delete  
Name: JACKSON, AMANDA  
Address: 5604 TOWN N COUNTRY BLVD  
City-St-Zip: TAMPA, FL 33615

Title: MGR ( ) Delete  
Name: ROSARIO, EVELYN  
Address: 5604 TOWN N COUNRTY BLVD  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ROSARIO, EVELYN  
Address: 5604 TOWN N COUNRTY BLVD  
City-St-Zip: TAMPA, FL 33615

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: EVELYNROSARIO

ER

03/31/2009

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