2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000053186

Entity Name: LIVING WELL HOME CARE,"LLC"

Current Principal Place of Business:

18800 NW 2ND AVE
113
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

18800 NW 2ND AVE
113
MIAMI, FL 33179

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ISMA, GUY-ALAIN P
16341 NW 17YH STREET
PEMBROKE PINES, FL 33028 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: ISMA, MICHELLE J
Address: 16341 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete
Name: ISMA, GUY-ALAIN
Address: 16341 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

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

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

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: GUY-ALAIN ISMA MGRM 04/30/2009

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