

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053186

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** LIVING WELL HOME CARE,"LLC"

**Current Principal Place of Business:**

18350 NW 2ND AVE  
503  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16341 NW 17TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 32-0250096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: ISMA, MICHELLE J  
Address: 16341 NW 17TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

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

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: GUY-ALAIN ISMA

MGR

05/01/2012

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