

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058489

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** CARING ANGELS OF OSCEOLA LLC

**Current Principal Place of Business:**

925 PENNSYLVANIA AVENUE  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

6220 S. ORANGE BLOSSOM TRAIL  
SUITE 194  
ORLANDO, FL 32809 US

**New Mailing Address:**

**FEI Number:** 26-2849413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

METZLER, BRENT  
1715 NORTH WESTSHORE BLVD  
SUITE 950  
TAMPA, FL 33609 US

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

METZLER, BRENT  
2533 LEXINGTON OAK DRIVE  
BRANDON, FL 33511 US

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: BRENT METZLER

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COCHRAN, GARY J  
Address: 6220 S. ORANGE BLOSSOM TRAIL, SUITE 194  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM  
Name: COCHRAN, JENNEFER R  
Address: 6220 S. ORANGE BLOSSOM TRAIL, SUITE 194  
City-St-Zip: ORLANDO, FL 32809 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: GARY COCHRAN

PRES

01/06/2010

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