

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071620

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** GENTLE TOUCH CAREGIVING, LLC.

**Current Principal Place of Business:**

2444 SE BLACKHORSE ST  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

2444 SE BLACKHORSE ST  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 27-3195243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARD, LANCE P ESQ.  
51 EAST OCEAN BOULEVARD  
STUART, FL 34994 US

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

MILLER, ROSEANN  
2444 SE BLACKHORSE ST  
PORT ST LUCIE, FL 34984 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: ROSEANN MILLER

03/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MILLER, ROSEANN  
Address: 2444 SE BLACKHORSE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34984

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: ROSEANN MILLER

MGR

03/24/2011

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