

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071999

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** ABOUT HEALTH & HOME LLC

**Current Principal Place of Business:**

3709 BELLWOOD DRIVE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3603  
TALLAHASSEE, FL 32315

**New Mailing Address:**

**FEI Number:** 26-3213398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LISKA, LYNNE L  
3709 BELLWOOD DRIVE  
TALLAHASSEE, FL 32315 US

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

LISKA, LYNNE L  
3709 BELLWOOD DRIVE  
TALLAHASSEE, FL 32303 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/12/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LISKA, LYNNE L  
Address: PO BOX 3603  
City-St-Zip: TALLAHASSEE, FL 32315

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: LYNNE L. LISKA

MGRM

04/12/2012

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