2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000072891

Entity Name: CAREGIVING COUNSEL, LLC

Current Principal Place of Business:

2605 WEST ATLANTIC AVE., SUITE A-104
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2605 WEST ATLANTIC AVE., SUITE A-104
DELRAY BEACH, FL 33445

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:

SOLKOFF, SCOTT M
C/O SOLKOFF LEGAL, P.A.
2605 WEST ATLANTIC AVE., SUITE A-104
DELRAY BEACH, FL 33445 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: MGRM ( ) Delete
Name: LEVY, DAVID J
Address: 2605 WEST ATLANTIC AVE., SUITE A-104
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete
Name: SOLKOFF, SCOTT M
Address: 2605 WEST ATLANTIC AVE., SUITE A-104
City-St-Zip: DELRAY BEACH, FL 33445

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: SCOTT M SOLKOFF MGRM 04/29/2009

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