

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077439

FILED
May 09, 2009
Secretary of State

Entity Name: EXCELSIOR CARE SERVICES, LLC

Current Principal Place of Business:

228 ARLINGTON LOOP
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

228 ARLINGTON LOOP
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 90-0432478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOISE, JEMIMA
228 ARLINGTON LOOP
HAINES CITY, FL 33844 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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS () Change (X) Addition
Name: MOISE, JEMIMA
Address: 228 ARLINGTON LOOP
City-St-Zip: ORLANDO, FL 33844

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: JEMIMA MOISE

MRS

05/09/2009

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