

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077812

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** ANGEL OF CARING HEALTH & STAFFING SERVICES, LLC

**Current Principal Place of Business:**

8564 SW 214 WAY  
MIAMI, FL 33189

**New Principal Place of Business:**

650 NE 22 TERRACE  
SUITE 315  
HOMESTEAD, FL 33030

**Current Mailing Address:**

8564 SW 214 WAY  
MIAMI, FL 33189

**New Mailing Address:**

12926 SW 133 COURT  
SUITE D  
MIAMI, FL 33186

**FEI Number:** 26-3166324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIAZ, ANGEL  
8564 SW 214 WAY  
MIAMI, FL 33189 US

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

TRUTT, MARGARITA MGRM  
12926 SW 133 CT  
MIAMI, FL 33186 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: MARGARITA TRUTT

02/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIAZ, ANGEL  
Address: 8564 SW 214 WAY  
City-St-Zip: MIAMI, FL 33189

Title: MGRM ( ) Delete  
Name: TRUTT, MARGARITA  
Address: 12926 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete  
Name: RIVERO, MARIA T  
Address: 12926 SW 133 COURT  
City-St-Zip: MIAMI, FL 33186

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ZAINADINE, IBRAIMO G  
Address: 3845 SW 154 CT  
City-St-Zip: MIAMI, FL 33185

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MONTANEZ, ANA C  
Address: 3845 SW 154 CT  
City-St-Zip: MIAMI, FL 33185

Title: MGRM ( ) Change (X) Addition  
Name: TRUTT, MICHAEL C  
Address: 12926 SW 133 CT  
City-St-Zip: MIAMI, FL 33186

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: MARGARITA TRUTT

MGRM

02/26/2009

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