

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083776

Entity Name: TAMPA BAY CARES LLC

FILED
Apr 04, 2009
Secretary of State

Current Principal Place of Business:

1106 FACET VIEW WAY
VALRICO, FL 33594

New Principal Place of Business:

1625 S. FLORIDA AVENUE
SUITE 2
LAKELAND, FL 33803

Current Mailing Address:

1106 FACET VIEW WAY
VALRICO, FL 33594

New Mailing Address:

1625 S. FLORIDA AVENUE
SUITE 2
LAKELAND, FL 33803

FEI Number: 26-3279549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRALDO, JORGE
1106 FACET VIEW WAY
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

GIRALDO, JORGE
1625 S. FLORIDA AVENUE
SUITE 2
LAKELAND, FL 33803 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:

04/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIRALDO, JORGE
Address: 1106 FACET VIEW WAY
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: GIRALDO, NANCY P
Address: 1106 FACET VIEW WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIRALDO, JORGE
Address: 1625 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: MGRM (X) Change () Addition
Name: GIRALDO, NANCY P
Address: 1625 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

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: JORGE GIRALDO

CEO

04/04/2009

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