

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084415

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TOTAL CARE CONSULTANTS LLC

## Current Principal Place of Business:

2458 BROWNWOOD DR  
MULLBERRY, FL 33860 US

## New Principal Place of Business:

## Current Mailing Address:

2458 BROWNWOOD DR  
MULLBERRY, FL 33860 US

## New Mailing Address:

FEI Number: 26-3338349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTANO, JUSTIN J JUSTIN  
7401 LOGHOUSE RD  
PLANT CITY, FL 33565 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: MGR ( ) Delete  
Name: CASTANO, JUSTIN L  
Address: 7401 LOGHOUSE RD.  
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGR ( ) Delete  
Name: FERNANDES, JONATHAN N  
Address: 2643 NICHOLS RD.  
City-St-Zip: LITHIA, FL 33547 US

Title: MGR ( ) Delete  
Name: CASTANO, JARROD A  
Address: 2458 BROWNWOOD DR  
City-St-Zip: MULBERRY, FL 33860 US

## ADDITIONS/CHANGES:

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

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: JARROD CASTANO

MGR

03/23/2009

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