## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086886

Entity Name: LCC ADULT DAY CARE LLC

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

551 EAST 49TH STREET, #12-13 551 EAST 49TH STREET HIALEAH, FL 33013

12 - 13

HIALEAH, FL 33013

**Current Mailing Address: New Mailing Address:** 

551 EAST 49TH STREET, #12-13 551 EAST 49TH STREET HIALEAH, FL 33013

12-13

HIALEAH, FL 33013

FEI Number: 26-3362941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VIGO, CRISTINA VIGO, CRISTINA M 6140 S.W. 26TH STREET 6140 S.W. 26TH STREET MIAMI, FL 33155 MIAMI, FL 33155

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: CRISTINA VIGO 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

VIGO, CRISTINA Name: Name: Address: 551 EAST 49TH STREET, #12-13 Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip:

Title: MGRM ( ) Delete Title: () Change () Addition

Name: CORDOVEZ, CHRISTOPHER M Name: Address: 551 EAST 49TH STREET, #12-13 Address: City-St-Zip: HIALEAH, FL 33013 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: CRISTINA VIGO **MGRM** 04/30/2009