

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086886

Entity Name: LCC ADULT DAY CARE LLC

**FILED**  
**Jun 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 26-3362941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MORELL, ALAIN P  
1430 SW 152 PL  
MIAMI, FL 33194 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: ALAIN MORELL

06/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MORELL, ALAIN P  
Address: 1430 SW 152 PL  
City-St-Zip: MIAMI, FL 33194

Title: VP  
Name: RODRIGUEZ, FELIX  
Address: 5301 NW 158 TERR APT 105  
City-St-Zip: HIALEAH, FL 33014

I hereby 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: ALAIN MORELL

P

06/02/2010

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