

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086886

Entity Name: LCC ADULT DAY CARE LLC

**FILED**  
**Apr 15, 2011**  
**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:**

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

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

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

MGRM

04/15/2011

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