2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097683

Entity Name: AWESOME CARE, LLC

FILED Aug 13, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5430 WEST SHORE DRIVE 9732 LITTLE RD. NEW PORT RICHEY, FL 34652 SUITE 5

NEW PORT RICHEY, FL 34654

Current Mailing Address: New Mailing Address:

5430 WEST SHORE DRIVE 9732 LITTLE RD.

SUITE 5 NEW PORT RICHEY, FL 34652

NEW PORT RICHEY, FL 34654

FEI Number: 26-3561837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ZAMORSKI, LYN C 5430 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

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

ZAMORSKI, LYN C ZAMORSKI, LYN C Name: Name: Address: 5430 WEST SHORE DRIVE Address: 14401 PIMBERTON DR. City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: HUDSON, FL 34667

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: F., EILEEN SALAFIA Address: Address: 5430 WEST SHORE DR. City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34652

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: LYN C. ZAMORSI **MGRM** 08/13/2009