

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 13, 2009  
Secretary of State**

DOCUMENT# L08000097683

Entity Name: AWESOME CARE, LLC

**Current Principal Place of Business:**

5430 WEST SHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

9732 LITTLE RD.  
SUITE 5  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

5430 WEST SHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

9732 LITTLE RD.  
SUITE 5  
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

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:**

**ADDITIONS/CHANGES:**

Title:            MGRM      ( ) Delete  
Name:            ZAMORSKI, LYN C  
Address:        5430 WEST SHORE DRIVE  
City-St-Zip:    NEW PORT RICHEY, FL 34652

Title:            MGRM      (X) Change ( ) Addition  
Name:            ZAMORSKI, LYN C  
Address:        14401 PIMBERTON DR.  
City-St-Zip:    HUDSON, FL 34667

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:            MGR        ( ) Change (X) Addition  
Name:            F., EILEEN SALAFIA  
Address:        5430 WEST SHORE DR.  
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

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