

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097683

Entity Name: AWESOME CARE, LLC

FILED  
Aug 13, 2009  
Secretary of State

**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:**

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

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

**ADDITIONS/CHANGES:**

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

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