

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097848

FILED
Apr 29, 2010
Secretary of State

Entity Name: NORTH FLORIDA CARE AND COMFORT LLC

Current Principal Place of Business:

3643 NW 36TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

3643 NW 36TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 26-3546767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOODY, DAVIN D
3643 NW 36TH PLACE
GAINESVILLE, FL 32605 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: MGR
Name: WOODY, DAVIN D
Address: 3643 NW 36TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: DAVIN D. WOODY

MGR

04/29/2010

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