

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098849

FILED
Aug 20, 2009
Secretary of State

Entity Name: LITTLE ANGELS HOMEHEALTH CARE, LLC

Current Principal Place of Business:

4436 9TH AVE SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4436 9TH AVE SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 80-0295602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ALBERT, RUTH R
4436 9TH AVE SOUTH
ST. PETERSBURG, FL 33711 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:

Title: MGR () Delete
Name: ALBERT, RUTH R
Address: 4436 9TH AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: MGRM () Delete
Name: ALBERT, MALISSA P
Address: 1611 27TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUTH RENEE ALBERT

MGR

08/20/2009

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