## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000104559

FILED Jan 19, 2009 Secretary of State

Entity Name: FLORIDA HOME CARE AND COMPANIONSHIP AGENCY, LLC

**Current Principal Place of Business: New Principal Place of Business:** 

7328 SW 48 STREET 5640 COACH HOUSE CIRCLE #A MIAMI, FL 33155

BOCA RATON, FL 33486

**Current Mailing Address: New Mailing Address:** 

7328 SW 48 STREET 5640 COACH HOUSE CIRCLE #A

BOCA RATON, FL 33486 MIAMI, FL 33155

FEI Number: 26-3721565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ACKERMAN, STEVEN M BHARWANI, NAREN

7328 SW 48 STREET 5640 COACH HOUSE CIRCLE #A BOCA RATON, FL 33486 MIAMI, FL 33155

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: NAREN BHARWANI 01/19/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

BHARWANI, NAREN Name: Name: Address: 5640 COACH HOUSE CIRCLE Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip:

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

Name: BHARWANI, MICHELLE Name: Address: 5640 COACH HOUSE CIRCLE Address: City-St-Zip: BOCA RATON, FL 33486 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: NAREN BHARWANI **MGRM** 01/19/2009