

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000004841

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** COMPLETE HOME CARE FOR SENIORS, LLC

**Current Principal Place of Business:**

2610 NE 42ND PLACE  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

2610 NE 42ND PLACE  
OCALA, FL 34479

**New Mailing Address:**

FEI Number: 26-4016507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALI, NISHA ANN  
2610 NE 42ND PLACE  
OCALA, FL 34479 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  
Name: ALI, NISHA ANN  
Address: 2610 NE 42ND PLACE  
City-St-Zip: Ocala, FL 34479

Title: MGR  
Name: FRIES, SANDI L  
Address: 2610 NE 42ND PLACE  
City-St-Zip: Ocala, FL 34479

Title: MGR  
Name: ALI, HIMRAJH JR.  
Address: 2610 NE 42ND PLACE  
City-St-Zip: Ocala, FL 34479

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: NISHA ANN ALI

MGRM

01/12/2011

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