

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025505

**FILED  
Apr 28, 2011  
Secretary of State**

**Entity Name:** DIEZGO FAMILY OF CARE GIVERS, LLC

**Current Principal Place of Business:**

3025 SW BRIDGE ST  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3025 SW BRIDGE ST  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-4520763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIEZ, MARIA C  
3025 SW BRIDGE ST  
PORT ST. LUCIE, FL 34953 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:** DIEZ, MARIA C  
**Address:** 3025 SW BRIDGE ST  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

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: MARIA C. DIEZ

MGR

04/28/2011

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