

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029090

Entity Name: AMERI KARE L.L.C.

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2712 N EAST AVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

653 W 23RD STREET 297  
PANAMA CITY, FL 32405

**New Mailing Address:**

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

POTTER, GWENDOLYN  
1602 DELAWARE AVE  
LYNN HAVEN, FL 32444 US

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

LEWIS, STPEHANIE A  
144 AVENUE E  
PORT SAINT JOE, FL 32456 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: STEPHANIE A. LEWIS

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POTTER, GWENDOLYN  
Address: 1602 DELAWARE AVE  
City-St-Zip: LYN HAVEN, FL 32444

Title: MGRM  
Name: LEWIS, STEPHANIE  
Address: 144 AVE E  
City-St-Zip: PORT SAINT JOE, FL 32546

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: STEPHANIE LEWIS

MGRM

05/03/2010

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