

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040267

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** LA EDAD DE ORO ADULT DAY CARE, LLC

**Current Principal Place of Business:**

5870 S.W. 8TH STREET, STE. 8  
MIAMI, FL 33144

**New Principal Place of Business:**

5870 S.W. 8TH STREET,  
STE. 8  
MIAMI, FL 33144

**Current Mailing Address:**

5870 S.W. 8TH STREET, STE. 8  
MIAMI, FL 33144

**New Mailing Address:**

5870 S.W. 8TH STREET,  
STE. 8  
MIAMI, FL 33144

**FEI Number:** 26-4770101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUGO, MAIDELIN  
5870 S.W. 8TH STREET, STE. 8  
MIAMI, FL 33144 US

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

LUGO, MAIDELIN  
5870 S.W. 8TH STREET,  
STE. 8  
MIAMI, FL 33144 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:

04/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUGO, MAIDELIN  
Address: 5870 S.W. 8TH STREET, STE. 8  
City-St-Zip: MIAMI, FL 33144

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: MAIDELIN LUGO

OWNE

04/13/2010

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