

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040612

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** A COAST TO COAST HOME HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

7481 W OAKLAND PARK BLVD #203B  
LAUDERHILL, FL 33151

**New Principal Place of Business:**

**Current Mailing Address:**

7481 W OAKLAND PARK BLVD #203B  
LAUDERHILL, FL 33151

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EARL, WALD  
7481 W OAKLAND PARK BLVD #203B  
LAUDERHILL, FL 33151 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: MGM  
Name: KANTOR, ILON B  
Address: 3690 NE 195 LN  
City-St-Zip: AVENTURA, FL 33180

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: ILON KANTOR

MGM

04/08/2010

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