

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047911

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** SOCIAL CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

13196 SW 9TH TERRACE  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

13196 SW 9TH TERRACE  
MIAMI, FL 33184

**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:**

ARMAS, J. ALFREDO ESQ  
901 PONCE DE LEON BLVD.  
SUITE 304  
MIAMI, FL 33134 US

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

ARMAS, J. ALFREDO ESQ  
901 PONCE DE LEON BLVD.  
SUITE 304  
MIAMI, FL 33134 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: ALFREDO ARMAS

02/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RODRIGUEZ, YANET  
Address: 13196 SW 9TH TERRACE  
City-St-Zip: MIAMI, FL 33184

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: YANET RODRIGUEZ

MGRM

02/01/2011

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