

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048942

Entity Name: WELL CARE LIVING LLC

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8610 SW 97 RD  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

11120 SW 120 ST  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 27-0395989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ECHAURI, ERNESTO  
11120 SW 120 ST  
MIAMI, FL 33176 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: MGRM  
Name: ECHAURI, ERNESTO  
Address: 11120 SW 120 ST  
City-St-Zip: MIAMI, FL 33176

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: ERNESTO ECHAURI

MGRM

04/17/2012

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