

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051006

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** C.A.R.E.S. HOME CARE SOLUTIONS LLC

**Current Principal Place of Business:**

200 BELLA VISTA WAY  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

8461 LAKE WORTH ROAD  
191  
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

200 BELLA VISTA WAY  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

8461 LAKE WORTH ROAD  
191  
LAKE WORTH, FL 33467 US

**FEI Number:** 30-0566936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LOLAGNE, FRANCK G  
200 BELLA VISTA WAY  
WEST PALM BEACH, FL 33411 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: LOLAGNE, FRANCK G  
Address: 200 BELLA VISAT WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR  
Name: BORGELLA, TAHNIA  
Address: 200 BELLA VISTA WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

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: FRANCK LOLAGNE

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02/16/2010

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