

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051115

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** ACTIVE ADULT DAY CARE CENTER, LLC

**Current Principal Place of Business:**

1470 NW 36 ST  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

8390 SW 5 ST  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 94-3483843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PILOTO, JULIO  
8390 SW 5 STREET  
MIAMI, FL 33144 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: PILOTO, JULIO  
Address: 8390 SW 5 ST  
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: JULIO PILOTO

MGRM

04/06/2010

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