

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052291

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** INDEPENDANT CARE OF DOVER LLC

**Current Principal Place of Business:**

2815 DURANT TRAILS BLVD  
DOVER, FL 33527 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 185  
DURANT, FL 33530 US

**New Mailing Address:**

**FEI Number:** 27-0237853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, MORRIS  
2815 DURANT TRAILS  
DOVER, FL 33527 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: JONES, MORRIS  
Address: PO BOX 185  
City-St-Zip: DURANT, FL 33530 US

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: MORRIS JONES

MANG

02/22/2010

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