

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060187

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** NEW HORIZONS SENIOR SOLUTIONS AND TRANSPORT, "L.L.C."

**Current Principal Place of Business:**

901 RIGGINS RD APT 212  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

6770 WALDEN CIRCLE  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

901 RIGGINS RD APT 212  
TALLAHASSEE, FL 32308

**New Mailing Address:**

6770 WALDEN CIRCLE  
TALLAHASSEE, FL 32317 US

**FEI Number:** 30-0567877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAUFIELD, DAVID P  
2229 CORK OAK ST W  
SARASOTA, FL 34232 US

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

CAUFIELD, DAVID P  
6770 WALDEN CIRCLE  
TALLAHASSEE, FL 32317 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:

08/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAUFIELD, DAVID P  
Address: 6770 WALDEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32317 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: DAVID P CAUFIELD

MGR

08/28/2012

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