

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095274

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ARISE PERSONAL CARE SERVICES LLC

**Current Principal Place of Business:**

1281 NORTH OCEAN DRIVE BOX 193  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1281 NORTH OCEAN DRIVE BOX 193  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 66-0735787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22ND STREET 4TH FLOOR  
MIAMI, FL 33145 US

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

GIGLIOTTI, ANTHONY J  
125 INLET WAY  
PALM BEACH SHORES, FL 33404 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: ANTHONY J GIGLIOTTI

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GIGLIOTTI, ANTHONY J  
Address: 1281 NORTH OCEAN DRIVE BOX 193  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ST  
Name: GIGLIOTTI, ANTHONY J  
Address: 1281 NORTH OCEAN DRIVE BOX 193  
City-St-Zip: RIVIERA BEACH, FL 33404

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: ANTHONY J. GIGLIOTTI

PRES

02/09/2012

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