

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000099353

FILED
Apr 28, 2010
Secretary of State

Entity Name: CONTINUAL CARE FACILITY LLC

Current Principal Place of Business:

9360 NW 20TH ST
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9360 NW 20TH ST
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 27-1237352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, OPAL
9360 NW 20TH ST
PEMBROKE PINES, FL 33024 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: P
Name: JACKSON, OPAL
Address: 9360 NW 20TH ST
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGR
Name: JACKSON, IMOLYN
Address: 9360 NW 20TH ST
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM
Name: JACKSON, MELISSA
Address: 9360 NW 20TH ST
City-St-Zip: PEMBROKE PINES, FL 33024 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: OPAL JACKSON

PD

04/28/2010

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