2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# L09000100271

Entity Name: FATHER'S CARE LLC

Current Principal Place of Business:

12416 ARSLAN LN
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3289
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 27-1139520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VYKHOPEN, MIKHAIL
12416 ARSLAN LN
SPRING HILL, FL 34609 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: BADENHORST, LOUIS D
Address: 16120 N NEBRASKA AVE
City-St-Zip: LUTZ, FL 33549

Title: MGRM
Name: VYKHOPEN, MIKHAIL
Address: P.O. BOX 3289
City-St-Zip: SPRING HILL, FL 34611

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 Statues.

SIGNATURE: MIKHAIL VYKHOPEN MGRM 04/26/2010

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