2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# L10000008848

Entity Name: COMPLETE CARE IT LLC

Current Principal Place of Business:

4611 S. UNIVERSITY DR
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4611 S. UNIVERSITY DR
DAVIE, FL 33328

New Mailing Address:

FEI Number: 27-2270883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELOI, PATRICK P
4611 S. UNIVERSITY DR.
DAVIE, FL 33328 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: ELOI, PATRICK P
Address: 4611 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

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: PATRICK P. ELOI MGRM 03/03/2011

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