

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011904

Entity Name: VILACHA NURSING CARE, LLC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1581 W 49TH ST  
# 108  
HIALEAH, FL 33012 US

## **New Principal Place of Business:**

26935 SW 144 AVE  
MIAMI, FL 33032 US

## **Current Mailing Address:**

1581 W 49TH ST  
# 108  
HIALEAH, FL 33012 US

## **New Mailing Address:**

26935 SW 144 AVE  
MIAMI, FL 33032 US

FEI Number: 27-1816316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, JORGE  
1581 W 49TH ST  
# 108  
HIALEAH, FL 33012 US

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

GONZALEZ, JORGE  
26935 SW 144 AVE  
MIAMI, FL 33032 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: JORGE GONZALEZ

04/06/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GONZALEZ, JORGE  
Address: 26935 SW 144 AVE  
City-St-Zip: MIAMI, FL 33032 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: JORGE GONZALEZ

P

04/06/2011

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