

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028610

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** HELEN'S & BORIS' CAREGIVING SERVICES L.L.C.

**Current Principal Place of Business:**

2812 TRAVERSE AVE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

2812 TRAVERSE AVE  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 30-0611109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOGDANETS, BORIS  
2812 TRAVERSE AVE  
NORTH PORT, FL 34286 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:** MGR  
**Name:** BOGDANETS, BORIS  
**Address:** 2812 TRAVERSE AVE  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** MGRM  
**Name:** BOGDANETS, YELENA  
**Address:** 2812 TRAVESE AVE  
**City-St-Zip:** NORTH PORT, FL 34287

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:** BORIS BOGDANETS

RA

01/13/2011

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