

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030158

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE HOME CARE OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

7301A W. PLAMETTO PARK RD., #301B  
BOCA RATON, FL 33433

**New Principal Place of Business:**

7301A W. PALMETTO PARK ROAD, #301B  
BOCA RATON, FL 33433

**Current Mailing Address:**

7301A W. PLAMETTO PARK RD., #301B  
BOCA RATON, FL 33433

**New Mailing Address:**

7301A W. PALMETTO PARK ROAD, #301B  
BOCA RATON, FL 33433

**FEI Number:** 27-2141803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DYNAN, JASON J  
658 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

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

DYNAN, JASON J  
7301A W. PALMETTO PARK ROAD, #301B  
BOCA RATON, FL 33433 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:

03/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DYNAN, JASON J  
Address: 7301A W. PALMETTO PARK ROAD, #301B  
City-St-Zip: DEERFIELD BEACH, FL 33433

Title: MGRM  
Name: RABY, JUSTIN  
Address: 7301A W. PALMETTO PARK ROAD, #301B  
City-St-Zip: BOCA RATON, FL 33433

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: JASON J DYNAN

MGRM

03/21/2011

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