

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045673

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** PHILIP KLAREN HOMECARE & REPAIR LLC

**Current Principal Place of Business:**

9826 OWLCLOVER STREET  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

9826 OWLCLOVER STREET  
FORT MYERS, FL 33919

**New Mailing Address:**

P.O. BOX 893  
SANIBEL, FL 33957

**FEI Number:** 27-2461363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLAREN, PHILIP  
9826 OWLCLOVER STREET  
FORT MYERS, FL 33919 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:** KLAREN, PHILIP  
**Address:** 9826 OWLCLOVER STREET  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** MGRM  
**Name:** KLAREN, MARILYN  
**Address:** 9826 OWLCLOVER STREET  
**City-St-Zip:** FORT MYERS, FL 33919

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:** PHILIP KLAREN

MGRM

03/05/2012

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