

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000060343

FILED
Apr 21, 2011
Secretary of State

Entity Name: NCHC - NORM'S COMPASSIONATE HOME CARE L.L.C.

Current Principal Place of Business:

182 SILVER LAKE DR.
INTERLACHEN, FL 32148 US

New Principal Place of Business:

238 LAKEVIEW WAY
INTERLACHEN, FL 32148 US

Current Mailing Address:

P.O.BOX 946
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 27-2845739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, NORMA
182 SILVER LAKE DR.
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

CRAWFORD, NORMA
238 LAKEVIEW WAY
INTERLACHEN, FL 32148 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: NORMA CRAWFORD

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MS.
Name: CRAWFORD, NORMA
Address: 238 LAKEVIEW WAY
City-St-Zip: INTERLACHEN, FL 32148 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: NORMA CRAWFORD

RA

04/21/2011

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