

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062066

Entity Name: SENC DIRECT CARE LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

663 SE BAYA AVE.  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

747 NW BRADY CR.  
LAKE CITY, FL 32055 US

**New Mailing Address:**

663 SE BAYA AVE.  
LAKE CITY, FL 32055 US

FEI Number: 27-2486733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CRAY, CEDRIC D  
747 NW BRADY CR.  
LAKE CITY, FL 32055 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: CRAY, CEDRIC D  
Address: 747 NW BRADY CR.  
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM  
Name: CRAY, STEPHANIE N  
Address: 747 NW BRADY CR.  
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM  
Name: CATALFU, ERIC J  
Address: 1724 NW 19TH ST.  
City-St-Zip: OKLAHOMA CITY, OK 73106 US

Title: MGRM  
Name: ALLISON-CATALFU, NICOLE E  
Address: 1724 NW 19TH ST  
City-St-Zip: OKLAHOMA CITY, OK 73106 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: ERIK J. CATALFU

MGRM

01/10/2011

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