

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072702

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** MANIE'S COMFORTING CARE, LLC

**Current Principal Place of Business:**

515 AZALEA BLOOM DRIVE  
APOPKA, FLORIDA, FL 32712 00

**New Principal Place of Business:**

**Current Mailing Address:**

515 AZALEA BLOOM DRIVE  
APOPKA, FLORIDA, FL 32712 00

**New Mailing Address:**

**FEI Number:** 27-3105181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CEUS, MANIE MRS.  
515 AZALEA BLOOM  
APOPKA, FLORIDA, FL 32712 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:** CEUS, FRITZNER MR.  
**Address:** 515 AZALEA BLOOM DRIVE  
**City-St-Zip:** APOPKA, FL 32712 00

**Title:** MGR  
**Name:** CEUS, MANIE MRS  
**Address:** 515 AZALEA BLOOM DRIVE  
**City-St-Zip:** APOPKA, FL 32712 00

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:** FRITZNER CEUS

MR.

04/23/2012

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