

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075529

Entity Name: FAMILY CARE HOME, LLC

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3931 MARSH BLUFF DRIVE  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

3931 MARSH BLUFF DRIVE  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number: 27-3060377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GUANZON, GUADALUPE L  
3931 MARSH BLUF DRIVE  
JACKSONVILLE, FL 32226 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: GUANZON, GUADALUPE L  
Address: 3931 MARSH BLUFF DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

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: GUADALUPE GUANZON

MGR

04/17/2012

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