

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075981

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** ASSET CARE GROUP LLC

**Current Principal Place of Business:**

3547 53RD AVENUE WEST  
SUITE #180  
BRADENTON, FL 34210

**New Principal Place of Business:**

**Current Mailing Address:**

3547 53RD AVENUE WEST  
SUITE #180  
BRADENTON, FL 34210

**New Mailing Address:**

**FEI Number:** 27-3107037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIPPY, MARIANNE  
3547 53RD AVENUE WEST  
SUITE #180  
BRADENTON, FL 34210 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:** TIPPY, MARINANNE  
**Address:** 2716 26TH AVENUE DRIVE WEST  
**City-St-Zip:** BRADENTON, FL 34205

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:** MARIANNE TIPPY

MGRM

04/14/2011

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