

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000089537

FILED
Apr 23, 2011
Secretary of State

Entity Name: ARBOR CARE OF CENTRAL FL L.L.C.

Current Principal Place of Business:

3619 WATERMELON LANE
DELAND, FL 32168

New Principal Place of Business:

3619 WATERMELON LANE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

3619 WATERMELON LANE
DELAND, FL 32168

New Mailing Address:

3619 WATERMELON LANE
NEW SMYRNA BEACH, FL 32168

FEI Number: 27-3675066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTALEK, TODD A
3619 WATERMELON LANE
DELAND, FL 32168 US

Name and Address of New Registered Agent:

ANTALEK, TODD A
3619 WATERMELON LANE
NEW SMYRNA BEACH, FL 32168 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: TODD ANTALEK

04/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ANTALEK, TODD A
Address: 3619 WATERMELON LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 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: TODD ANTALEK

MGR

04/23/2011

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