

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092730

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** OSCEOLA ADULT DAY CARE CENTER LLC

**Current Principal Place of Business:**

812 WEST OAK STREET  
818  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

7114 OLD PUMPKIN LN  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

AUNDHIA, BHARAT  
2287 MEADOW OAK CIRCLE  
KISSIMMEE, FL 34746 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: AUNDHIA, JAYSHREE  
Address: 2287 MEADOW OAK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM  
Name: AHMED, FAIZ  
Address: 5468 PARADISE CAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM  
Name: ABIGAL, MOJICA  
Address: 7114 OLD PUMPKIN LN  
City-St-Zip: WINTER GARDEN, FL 34787

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: ABIGAL MOJICA

MS

04/12/2011

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