

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103866

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** EXPERT HOME HEALTH LLC

**Current Principal Place of Business:**

15724 SW 82ND COURT  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15724 SW 82ND COURT  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 27-3687559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMERS, KEVIN  
15724 SW 82ND COURT  
PALMETTO BAY, FL 33157 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:** DI PORTO, ERIKA  
**Address:** 6995 SW 108TH STREET  
**City-St-Zip:** PINCREST, FL 33156

**Title:** MGR  
**Name:** DEMERS, LAURA  
**Address:** 9931 SW 195 STREET  
**City-St-Zip:** CUTLER BAY, FL 33157

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:** LAURA DEMERS

MGR

03/29/2011

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