

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117246

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** ST. JUDE ADULT DAY CARE, LLC

**Current Principal Place of Business:**

9740 S.W. 24TH STREET SECTION C  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9740 S.W. 24TH STREET SECTION C  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, FRANCISCO M  
9740 S.W. 24TH STREET SECTION C  
MIAMI, FL 33165 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: GARCIA, FRANCISCO M  
Address: 10351 S.W. 26TH STREET  
City-St-Zip: MIAMI, FL 33165 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: FRANCISCO M. GARCIA

MGR

01/26/2012

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