

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125807

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** FUTURE CARE SOLUTION, LLC

**Current Principal Place of Business:**

240 HIALEAH DRIVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

240 HIALEAH DRIVE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 27-4141254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ORAMA, MAYRISLEIDY  
240 HIALEAH DRIVE  
HIALEAH, FL 33010 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:** ORAMA, MAYRISLEIDY  
**Address:** 10374 SW 8TH TERRACE  
**City-St-Zip:** MIAMI, FL 33174

**Title:** MGRM  
**Name:** ORAMA, MAYRILIAM  
**Address:** 800 N MIAMI AVENUE APT.#410  
**City-St-Zip:** MIAMI, FL 33136

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:** MAYRISLEIDY ORAMA

MGRM

03/01/2012

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