

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127070

Entity Name: HEAVENS CARING,LLC

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2330 HONEY LANE  
NORTH PORT, NH 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 RAYMOND RD  
DEERFIELD, NH 03037 US

**New Mailing Address:**

FEI Number: 02-0521055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PILIPCHUK, LYUBOMIRA I  
2330 HONEY LANE  
NORTH PORT, FL 34286 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: PILIPCHUK, LYUBOMIRA I  
Address: 2330 HONEY LANE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR  
Name: PILIPCHUK, LYUBOMIRA I  
Address: 55 RAYMOND RD  
City-St-Zip: DEERFIELD, NH 03037 US

Title: MGR  
Name: PILIPCHUK, ROMAN I  
Address: 191 VILLAGE CIRCLE WAY #15  
City-St-Zip: MANCHESTER, NH 03102

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: LYUBOMIRA PILIPCHUK

MGR

04/22/2011

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