

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129203

FILED
Apr 06, 2011
Secretary of State

Entity Name: CLASSIC CARE OF FLORIDA LLC

Current Principal Place of Business:

917 S 14TH ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

917 S 14TH ST
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 27-4393457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: LEW, JUNE
Address: 917 S 14TH ST
City-St-Zip: LEESBURG, FL 34748

Title: VMGR
Name: TALWAR, SUNIL
Address: 917 S 14TH ST
City-St-Zip: LEESBURG, FL 34748

Title: S
Name: LEW, JUNE
Address: 917 S 14TH ST
City-St-Zip: LEESBURG, FL 34748

Title: T
Name: TALWAR, SUNIL
Address: 917 S 14TH ST
City-St-Zip: LEESBURG, FL 34748

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: SUNIL TALWAR

OWNE

04/06/2011

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