

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129203

**FILED**  
**Apr 16, 2012**  
**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

V.P.

04/16/2012

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