

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130329

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** NORMAL CARE FOR ELDERLY, LLC

**Current Principal Place of Business:**

1620 WINTERGREEN BLVD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1620 WINTERGREEN BLVD  
WINTER PARK, FL 32792 US

**New Mailing Address:**

1620 WINTERGREEN BLVD  
WINTER PARK, FL 32792

**FEI Number:** 27-4314689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MBA, MARGARET  
1620 WINTERGREEN BLVD  
WINTER PARK, FL 32792 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: MBA, MARGARET  
Address: 1620 WINTERGREEN BLVD  
City-St-Zip: WINTER PARK, FL 32792 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: MARGARET MBA

MGR

04/30/2011

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