

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000020298

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** DARLENE'S PERSONAL CARE LLC

**Current Principal Place of Business:**

4710 SE TALLOWOOD TERRACE  
STUART, FL 34997 US

**New Principal Place of Business:**

1250 SW EMERALD AVE.  
PORT ST. LUCIE, FL 34953 US

**Current Mailing Address:**

4710 SE TALLOWOOD TERRACE  
STUART, FL 34997 US

**New Mailing Address:**

1250 SW EMERALD AVE.  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 27-5017791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WOLTMAN, DARLENE A  
4710 SE TALLOWOOD TERRACE  
STUART, FL 34997 US

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

WOLTMAN, DARLENE A  
1250 SW EMERALD AVE  
PORT ST. LUCIE, FL 34953 US

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:

02/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOLTMAN, DARLENE A  
Address: 1250 SW EMERALD AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953 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: DARLENE A. WOLTMAN

MGRM

02/20/2012

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