

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032969

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** CONFIDENTIAL CARE SERVICES, LLC

**Current Principal Place of Business:**

20733 CHESTNUT STREET  
DUNNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

20733 CHESTNUT STREET  
DUNNELLON, FL 34431 US

**New Mailing Address:**

**FEI Number:** 45-0680598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACKMAN, DONNA M  
20733 CHESTNUT ST  
DUNNELLON, FL 34431 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: MGRM  
Name: CONLY-KINCAID, CHERYN  
Address: 20733 CHESTNUT ST  
City-St-Zip: DUNNELLON, FL 34431 US

Title: MGRM  
Name: BLACKMAN, DONNA  
Address: 20770 RIVER DRIVE  
City-St-Zip: DUNNELLON, FL 344313 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: DONNA BLACKMAN

MGRM

01/16/2012

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