

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000052440

**FILED**  
**Sep 27, 2012**  
**Secretary of State**

**Entity Name:** COMPLETE HOME CARE OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

2208 VARDIN PL  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

2208 VARDIN PL  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 45-2089800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STODOLA, KERRI A  
2208 VARDIN PL  
NAPLES, FL 34120 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:** STODOLA, KERRI A  
**Address:** 2208 VARDIN PL  
**City-St-Zip:** NAPLES, FL 34120

**Title:** MGR  
**Name:** STARCHER, EDWARD R  
**Address:** 2208 VARDIN PL  
**City-St-Zip:** NAPLES, FL 34120

**Title:** MGR  
**Name:** STARCHER, DYLAN K  
**Address:** 2208 VARDIN PLACE  
**City-St-Zip:** NAPLES, FL 34120

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:** EDWARD R STARCHER

VP

09/27/2012

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