

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072979

Entity Name: AAA CARE LLC

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

**Current Principal Place of Business:**

1035 MONTROSE BLVD N  
SAINT PETERSBURG, FL 33703

**New Principal Place of Business:**

4204 W BEACHWAY DR  
TAMPA, FL 33609

**Current Mailing Address:**

1035 MONTROSE BLVD N  
SAINT PETERSBURG, FL 33703

**New Mailing Address:**

4204 W BEACHWAY DR  
TAMPA, FL 33609

FEI Number: 45-2599680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FABELO, EDWARD  
1035 MONTROSE BLVD N  
SAINT PETERSBURG, FL 33703 US

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

DASSANI, NEHAL  
4204 W BEACHWAY DR  
TAMPA, FL 33609 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: NEHAL DASSANI

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DASSANI, NEHAL  
Address: 4204 W. BEACHWAY DR  
City-St-Zip: TAMPA, FL 33609

Title: MGRM  
Name: FABELO, EDWARD  
Address: 1035 MONTROSE BLVD N  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: NEHAL DASSANI

MGRM

01/20/2012

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