

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000090814

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** ADULT CARE & RESPITE OF AMERICA, LLC

**Current Principal Place of Business:**

175 1ST ST. SOUTH  
SUITE 505  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

175 1ST ST. SOUTH  
SUITE 505  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 45-2924778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** HOPKINS, GAVIN J  
**Address:** 175 1ST ST. SOUTH STE 505  
**City-St-Zip:** ST. PETERSBURG, FL 33701 US

**Title:** MGR  
**Name:** PINO, SCOTT A  
**Address:** 175 1ST ST. SOUTH STE 505  
**City-St-Zip:** ST. PETERSBURG, FL 33701 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: GAVIN J HOPKINS

MR

04/13/2012

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