

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106030

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

**Entity Name:** HOME CARE ALTERNATIVE SOLUTIONS, LLC

**Current Principal Place of Business:**

520 NE 50TH TERR  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

520 NE 50TH TERR  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

LAW OFFICES OF SENEN GARCIA, P.A.  
2665 S BAYSHORE DR  
220  
MIAMI, FL 33133 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DIAZ, ALDA  
Address: 8735 NE 4TH AVE RD.  
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM  
Name: PERAGA, EMELITA  
Address: 520 NE 50TH TERR.  
City-St-Zip: MIAMI, FL 33137

Title: MGRM  
Name: MATUTINA, IRWIN  
Address: 6439 ALLEN ST.  
City-St-Zip: HOLLYWOOD, FL 33024

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: IRWIN MATUTINA

MNGR

04/27/2012

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