

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123156

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** J & A HOME CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

122 OCEAN CAY WAY  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

122 OCEAN CAY WAY  
HYPOLUXO, FL 33462

**New Mailing Address:**

**FEI Number:** 45-3705990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

PEREZ, JOSEPH  
122 OCEAN CAY WAY  
HYPOLUXO, FL 32301 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: JOSEPH PEREZ

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PEREZ, JOSEPH  
Address: 122 OCEAN CAY WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: MGRM  
Name: PEREZ, ANN  
Address: 122 OCEAN CAY WAY  
City-St-Zip: HYPOLUXO, FL 33462

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: JOSEPH PEREZ

MGRM

04/24/2012

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