

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127531

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** HANDS OF HOPE CARE SERVICES "LLC"

**Current Principal Place of Business:**

2949 N TURKEY OAK  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1226  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

JENKINS, LESA L  
2949 N TURKEY OAK  
CRYSTAL RIVER, FL 34428 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: JENKINS, LESA L  
Address: 2949 N TURKEY OAK  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM  
Name: JENKINS, BRODERICK C  
Address: 2949 N TURKEY OAK  
City-St-Zip: CRYSTAL RIVER, FL 34428

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:** LESA L. JENKINS

MGRM

04/28/2012

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