

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005930

Entity Name: AGELESS CARE, L.L.C.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

602 COURTLAND ST.
SUITE 300
ORLANDO, FL 32804 US

Current Mailing Address:

P.O. BOX 607911
ORLANDO, FL 328607911 US

New Principal Place of Business:

901 DOUGLAS AVE
SUITE 201
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3606719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, R. CHRISTOPHER
602 COURTLAND ST, #300
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

LANG, R. CHRISTOPHER
901 DOUGLAS AVE
SUITE 201
ALTAMONTE SPRINGS, FL 32714 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: R. CHRISTOPHER LANG

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANG, R. CHRISTOPHER
Address: PO BOX 607911
City-St-Zip: ORLANDO, FL 328607911 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: R. CHRISTOPHER LANG

CEO

03/25/2009

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