2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# M07000005747

Entity Name: M & Y CARE, LLC

Current Principal Place of Business:

29532 SOUTHFIELD RD 202
SOUTHFIELD, MI 48076

New Principal Place of Business:

1001 N. FEDERAL HWY
340
HALLANDALE, FL 33009

Current Mailing Address:

29532 SOUTHFIELD RD 202
SOUTHFIELD, MI 48076

New Mailing Address:

FEI Number: 20-4653141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERIMOVA, DIANA
1001 N FEDERAL HWY STE 340
HALLANDALE, FL 33009 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: TURBOVSKY, DMITRY
Address: 5175 OAKBROOKE DR
City-St-Zip: WEST BLOOMFIELD, MI 48323

Title: MS ( ) Change (X) Addition
Name: TURBOVSKY, YANA
Address: 5175 OAKBROOKE DR
City-St-Zip: WEST BLOOMFIELD, MI 48323

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: DMITRY TURBOVSKY MR 01/09/2008

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