

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005402

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: CARING RESPONDERS LLC

**Current Principal Place of Business:**

19387 US 19 NORTH  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

19387 US 19 NORTH  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 26-3756967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: BYRNS, JOHN  
Address: 19387 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete  
Name: SCHABEL, SHAWN  
Address: 19387 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete  
Name: GABOS, PAUL  
Address: 19387 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: BYRNS, JOHN P  
Address: 19387 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

Title: PRES (X) Change ( ) Addition  
Name: SCHABEL, SHAWN S  
Address: 19387 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

Title: CFO (X) Change ( ) Addition  
Name: GABOS, PAUL G  
Address: 19387 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

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: PAUL G GABOS

CFO

02/21/2009

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