

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000617

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY HOSPITALITY HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

580 S GREEN DOLPHIN DR  
PLACIDA, FL 33946 US

**New Principal Place of Business:**

**Current Mailing Address:**

580 S GREEN DOLPHIN DR  
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number:** 20-5561295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CIRKA, BENJAMIN  
340 ANCHOR ROW  
PLACIDA, FL 33946 US

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

CIRKA, LAWRENCE  
580 S. GREEN DOLPHIN DR. S.  
PLACIDA, FL 33946 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:** LAWRENCE CIRKA

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CIRKA, BENJAMIN L  
**Address:** 2850 BUTLER ROAD  
**City-St-Zip:** REISTERSTOWN, MD 21136 US

**Title:** MGR  
**Name:** CIRKA, LAWRENCE P  
**Address:** 580 S GREEN DOLPHIN DR  
**City-St-Zip:** PLACIDA, FL 33946 US

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:** LAWRENCE CIRKA

MGR

04/30/2012

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