


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90079 007 ****50.00

DOCUMENT # L06000063902

1. Entity Name
ALLIED CARE LLC



Principal Place of Business
**8708 SAN PABLO AVE.
 NORTH PORT, FL 34287**

Mailing Address
**8708 SAN PABLO AVE.
 NORTH PORT, FL 34287**

J O R O J 7 1 0 J L.K.
30008528



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **56-2594159** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**KHARITON, LARISSA
 8708 SAN PABLO AVE.
 NORTH PORT, FL 34287**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHARITON, LARISSA 8708 SAN PABLO AVE. NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, JON 8708 SAN PABLO AVE. NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *L. Khariton* Date _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE