

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063902

**FILED
Apr 12, 2011
Secretary of State**

Entity Name: ALLIED CARE LLC

Current Principal Place of Business:

8708 SAN PABLO AVE.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

8708 SAN PABLO AVE.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 56-2594159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KHARITON, LARISSA
8708 SAN PABLO AVE.
NORTH PORT, FL 34287 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: MGRM
Name: KHARITON, LARISSA
Address: 8708 SAN PABLO AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM
Name: CLARK, JON
Address: 8708 SAN PABLO AVE.
City-St-Zip: NORTH PORT, FL 34287

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: LARISA KHARITON

MEMB

04/12/2011

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