

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018614

**Entity Name:** CLASSIC CARE FOR YOU, LLC

**Current Principal Place of Business:**

2390 NE 186 ST.  
MIAMI, FL 33180

**Current Mailing Address:**

2390 NE 186 ST.  
MIAMI, FL 33180

**FEI Number:** 11-3602273

**Certificate of Status Desired:** No

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

CHARLTON, ADLER L  
480 NORTH PARKWAY  
GOLDEN BEACH, FL 33160 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            MRS  
Name            ADLER, TERRY  
Address        2390 NE 186 ST #3  
City-State-Zip: MIAMI FL 33180

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRY ADLER

**MGR**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date