

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000077099

Entity Name: CENTRAL FAMILY CARE LLC

Current Principal Place of Business:

362 B LORI LN
CARRABELLE, FL 32322

Current Mailing Address:

362 B LORI LN
CARRABELLE, FL 32322

FEI Number: 45-5477343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILCHEZ, SIMEON HMD
362 B LORI LN
CARRABELLE, FL 32322 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 MGR
Name VILCHEZ, SIMEON HMD
Address 362 B LORI LN
City-State-Zip: CARRABELLE FL 32322

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: SIMEON VILCHEZ

**CHIEF EXECUTIVE
MANAGER**

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date