

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017696

Entity Name: WEST DIXIE CARE, LLC

Current Principal Place of Business:

16650 WEST DIXIE HIGHWAY
MIAMI, FL 33161

Current Mailing Address:

PO BOX 546752
SURFSIDE, FL 33154

FEI Number: 41-2051646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S. PINE ISLAND ROAD
SUITE 250
PLANTATION, FL 33324 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 WEST DIXIE CARE, LLC
Address 16650 WEST DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33161

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RODOLFO LAZO

04/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date