2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2016
Secretary of State
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Entity Name: MYHYLANDERS ELDERCARE, LLC

Current Principal Place of Business:

5668 GULF BREEZE PARKWAY
SUITE B-12
GULF BREEZE, FL 32563

Current Mailing Address:

5668 GULF BREEZE PARKWAY
SUITE B-12
GULF BREEZE, FL 32563 US

FEI Number: 59-3807375

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	Title	MGR
Name	MYERS, DOROTHY M	Name	HYLAND, LYNDA R
Address	5668 GULF BREEZE PARKWAY SUITE B-12	Address	5668 GULF BREEZE PARKWAY SUITE B-12
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	S	Title	T
Name	HYLAND, LYNDA R	Name	MYERS, DOROTHY M
Address	5668 GULF BREEZE PARKWAY SUITE B-12	Address	5668 GULF BREEZE PARKWAY SUITE B-12
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563

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: LYNDA R HYLAND MANAGER 03/04/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date