

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055138

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: Yes

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
Name MYERS, DOROTHY M
Address 5668 GULF BREEZE PARKWAY
SUITE B-12
City-State-Zip: GULF BREEZE FL 32563

Title S
Name HYLAND, LYNDIA R
Address 5668 GULF BREEZE PARKWAY
SUITE B-12
City-State-Zip: GULF BREEZE FL 32563

Title MGR
Name HYLAND, LYNDIA R
Address 5668 GULF BREEZE PARKWAY
SUITE B-12
City-State-Zip: GULF BREEZE FL 32563

Title T
Name MYERS, DOROTHY M
Address 5668 GULF BREEZE PARKWAY
SUITE B-12
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: LYNDIA R HYLAND

MANAGER

04/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date