

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091312

Entity Name: DEAN SPECIAL CARE LLC

Current Principal Place of Business:

3912 S.W. LEESBURG STREET
PORT ST. LUCIE, FL 34953

Current Mailing Address:

P.O. BOX 881453
PORT ST. LUCIE, FL 34988

FEI Number: 20-3494266

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CODLING, ALDENE A
3912 S.W. LEESBURG STREET
PORT ST. LUCIE, FL 34953 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 CODLING, ALDENE A
Address 3912 S.W. LEESBURG STREET
City-State-Zip: PORT ST. LUCIE FL 34953

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: ALDENE CODLING

MGR

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date