

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015515

**Entity Name:** ANOINTED COMPANION LLC

**Current Principal Place of Business:**

3449 DOREEN DR  
LAKELAND, FL 33810

**Current Mailing Address:**

P O BOX 91862  
LAKELAND, FL 33804 US

**FEI Number:** 26-1961080

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIDA D LIVINGSTON  
3449 DOREEN DR  
LAKELAND, FL 33810 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 MGRM  
Name LIVINGSTON, LIDA D  
Address 3449 DOREEN DR  
City-State-Zip: LAKELAND FL 33810-2926

*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:** LIDA D LIVINGSTON

MGRM

04/24/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date