

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048893

Entity Name: CARE TIME, LLC

Current Principal Place of Business:

522 SW 1ST AVE.
OCALA, FL 34471

Current Mailing Address:

522 SW 1ST AVE.
OCALA, FL 34471 US

FEI Number: 27-0210144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YANCEY, PATRICIA F
4659 SE 17TH ST.
OCALA, FL 34471 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: PATRICIA F. YANCEY

03/10/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name YANCEY, PATRICIA F
Address 4659 SE 17TH ST.
City-State-Zip: Ocala FL 34471

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: PATRICIA YANCEY

RN CEO

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date