

**2018 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

02/05/2018

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 R YANCEY

RN ADMINISTRATOR  
OWNER

02/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date