

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101082

**Entity Name:** QUALITY FAMILY CARE SERVICES LLC

**Current Principal Place of Business:**

12161 KEN ADAMS WAY  
SUITE 110C-1  
WELLINGTON, FL 33414

**Current Mailing Address:**

12161 KEN ADAMS WAY  
SUITE 110C-1  
WELLINGTON, FL 33414 US

**FEI Number:** 27-1165184

**Certificate of Status Desired:** No

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

DONOVAN, JAMES J  
3046 S. CONGRESS AVE.  
LAKEWORTH, FL 33461 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:** JAMES DONOVAN

02/08/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	S
Name	RAMOUTAR, GLENDA	Name	RAMOUTAR, GLENDA
Address	12161 KEN ADAMS WAY SUITE 110C-1	Address	12161 KEN ADAMS WAY SUITE 110C-1
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

*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:** GLENDA RAMOUTAR

MANAGER

02/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date