

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085511

FILED
Feb 03, 2014
Secretary of State
CC8496989913

Entity Name: QUALITY LIVING HOME HEALTH CARE LLC

Current Principal Place of Business:

8800 49TH STREET NORTH, SUITE 303
PINELLAS PARK, FL 33782

Current Mailing Address:

8800 49TH STREET NORTH, SUITE 303
PINELLAS PARK, FL 33782

FEI Number: 45-2823888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL LEE
3405 34TH STREET SOUTH
277
ST. PETERSBURG, FL 33711 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 LEE, PAUL
Address 979 LANDMARK CIRCLE SOUTH
City-State-Zip: TIERRA VERDE FL 33715

Title MGRM
Name PRINGLE, KELLY
Address 3471 FOX HUNT DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title MGRM
Name CANFIELD, DAWN
Address 8361 56TH WAY NORTH
City-State-Zip: PINELLAS PARK FL 33781

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: PAUL LEE

MANAGING MEMBER

02/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date