

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085511

**FILED**  
**Feb 26, 2016**  
**Secretary of State**  
**CC0138860725**

**Entity Name:** QUALITY LIVING HOME HEALTH CARE LLC

**Current Principal Place of Business:**

6235 66TH STREET NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

6235 66TH STREET N  
PINELLAS PARK, FL 33782 US

**FEI Number:** 45-2823888

**Certificate of Status Desired:** No

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

PAUL LEE  
6235 66TH STREET N.  
PINELLAS PARK, FL 33781 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 6235 66TH STREET N  
City-State-Zip: PINELLAS PARK FL 33781

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

Title MGRM  
Name CANFIELD, DAWN  
Address 6235 66TH STREET N  
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 D LEE

**MANAGEING MEMBER**

**02/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date