

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000014299

**Entity Name:** CHOICE COMPANION CARE, LLC

**Current Principal Place of Business:**

7400 SW 136 STREET  
MIAMI, FL 33156

**Current Mailing Address:**

P.O. BOX 562230  
MIAMI, FL 33256 US

**FEI Number:** 45-4557277

**Certificate of Status Desired:** No

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

MATTIMORE, VIVIAN  
7400 SW 136TH STREET  
MIAMI, FL 33156 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	Title	MGRM
Name	MATTIMORE, VIVIAN	Name	CAPP, BARBARA
Address	7400 SW 136 STREET	Address	13700 SW 70TH AVE.
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33158

*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:** VIVIAN MATTIMORE

MGRM

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date